

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701446 (7)
1. Corporation Name
BAY COUNTY PUBLIC LIBRARY ASSOCIATION, INC..



Principal Place of Business Mailing Address
**25 WEST GOVERNMENT ST
CALLER BOX 2625
PANAMA CITY FL 32402**

3. Date Incorporated or Qualified **09/22/1960** 3a. Date of Last Report **02/17/1995**
4. FEI Number **59-0870182** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**VICKERY, GEORGE W.
131 DRAGON RIDGE
PANAMA CITY BCH FL 32411**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMM, JACK	
STREET ADDRESS	235 S. COVE TERR. DR.	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUTCHISON, EDWARD	
STREET ADDRESS	2703 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PECK, HELEN	
STREET ADDRESS	2514 PRETTY BAYOU ISLD	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOLEY, TOMMY	
STREET ADDRESS	712 MOORE CIRCLE	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHESHIRE, JOHN	
STREET ADDRESS	463 SUDDUTH AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORTLAND, DONNA K.	
STREET ADDRESS	100 CHERRY ST. #603	
CITY-ST-ZIP	PANAMA CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Roger Schad	
43 STREET ADDRESS	1011 Alabama Avenue	
44 CITY-ST-ZIP	Lynn Haven FL 32444	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roger P. Schad* **Roger Schad, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/96 **904-872-7500**
Date Daytime Phone #

CR2E037 (12/95)