


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 25 WEST GOVERNMENT ST CALLER BOX 2625 PANAMA CITY FL 32402			Mailing Address 25 WEST GOVERNMENT ST CALLER BOX 2625 PANAMA CITY FL 32402		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 POB 59625 23 City & State 24 Zip 32412-0625 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 POB 59625 28 City & State 29 Zip 32412-0625 30 Country		3. Date Incorporated or Qualified 09/22/1960 4. FEI Number 59-0870182 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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) 614 E First Court 83 84 City Panama City FL 85 Zip Code 32401		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMM, JACK		1.2 NAME		
STREET ADDRESS	235 S. COVE TERR. DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTCHISON, EDWARD		2.2 NAME		
STREET ADDRESS	2703 COUNTRY CLUB DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PECK, HELEN		3.2 NAME		
STREET ADDRESS	2514 PRETTY BAYOU ISLD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000		3.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAD, ROGER		4.2 NAME		
STREET ADDRESS	1011 ALABAMA AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHESHIRE, JOHN		5.2 NAME		
STREET ADDRESS	463 SUDDUTH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORTLAND, DONNA K.		6.2 NAME		
STREET ADDRESS	100 CHERRY ST. #603		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Roger Schad</u> 1/8/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000					



CR2E037 (10/97)

12. OFFICER AND DIRECTORS, CONTINUED

LARRY BALL  
INVESTMENT MANAGEMENT & RESEARCH INC  
1002 W 23<sup>rd</sup> STREET SUITE 390  
PANAMA CITY FL 32405

JOE BROWN  
ROUTE 1 BOX 67D  
HOSFORD FL 32334

BOB DOUGHERTY  
3301 HARBOUR PLACE  
PANAMA CITY FL 32405

BRENDA EVANS  
2200 PENTLAND ROAD  
LYNN HAVEN FL 32444

LINDA GRANTHAM  
3200 STATE AVENUE  
PANAMA CITY FL 32405

BRENDA HENDRICKS, MAYOR  
CITY OF PARKER  
1001 W PARK STREET  
PARKER FL 32404

ELLA RUSS  
1009 W TENTH COURT  
PANAMA CITY FL 32401

DR. BURTON SCHULER  
2401 W 15TH STREET  
PANAMA CITY FL 32405

MARY SITTMAN  
429 S PALO ALTO  
PANAMA CITY FL 32401

DANNY SPARKS  
944 COMET AVENUE S  
PANAMA CITY FL 32404

DAVID STEERE  
7311 EMERSON DRIVE  
PANAMA CITY BEACH FL 32408

NOLAN TREGLOWN  
PO BOX 374  
PORT ST. JOE FL 32456-0374