## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 701446**

FILED Mar 23, 2006 Secretary of State

Entity Name: BAY COUNTY PUBLIC LIBRARY ASSOCIATION, INC...

	Principal Place	of Business:	New Princ	cipal Place of Business:	
	VERNMENT ST CITY, FL 3240				
Current N	Mailing Addres	s:	New Maili	ing Address:	
P.O. BOX PANAMA	59625 CITY, FL 3241	20625 US			
FEI Numbe	r: 59-0870182	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
614 E FIR	, GEORGE W. ST COURT CITY, FL 3240	1 US			
	e named entity s te of Florida.	submits this statement for the	purpose of changing it	its registered office or registered agent, or both	
SIGNATU	IRE:				
	Electron	ic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	HAMM, JACK 235 S. COVE T		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	SD () HUTCHISON, E 2703 COUNTRY		Title: Name: Address:	D (X) Change ( ) Addition HUTCHISON, EDWARD, 2703 COUNTRY CLUB DRIVE	
Address: City-St-Zip:			City-St-Zip:	LYNN HAVEN, FL 32444	
City-St-Zip: Title: Name: Address:	LYNN HAVEN, F PD () STEERE, DAVII 7311 EMERSO	FL 32444 Delete D,			
	LYNN HAVEN, F PD () STEERE, DAVII 7311 EMERSOI PANAMA CITY D () CHESHIRE, JO 463 SUDDUTH	FL 32444  Delete D, N DRIVE BEACH, FL 32408  Delete HN, AVE.	City-St-Zip: Title: Name: Address:	LYNN HAVEN, FL 32444	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () STEERE, DAVII 7311 EMERSO PANAMA CITY D () CHESHIRE, JO 463 SUDDUTH PANAMA CITY D () DAVISON, KIM PO BOX 27088	FL 32444  Delete D, N DRIVE BEACH, FL 32408  Delete HN, AVE. FL 32401	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	LYNN HAVEN, FL 32444  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID STEERE PD 03/23/2006