


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # 722922 1. Entity Name FRIENDS OF THE BAY COUNTY PUBLIC LIBRARIES, INC.	
--	---

Principal Place of Business 25 WEST GOVERNMENT ST PANAMA CITY, FL 32401	Mailing Address P.O. BOX 1613 PANAMA CITY, FL 32402-1613
---	--

DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1896065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUTCHISON, EDWARD A JR 221 MCKENZIE AVENUE PANAMA CITY, FL 32401	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

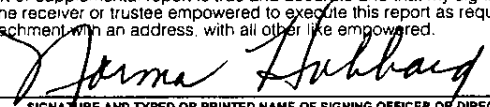
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD, NORMA 1100 W BEACH DR PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, BETTINA 1002 EAST CAROLINE BLVD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, CARLTON 3637 W HYW 390, APT 209 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000855177
03/27/08-80037-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____