

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722922

FILED
Jan 14, 2009
Secretary of State

Entity Name: FRIENDS OF THE BAY COUNTY PUBLIC LIBRARIES,INC.

Current Principal Place of Business:

25 WEST GOVERNMENT ST
PANAMA CITY, FL 32401

New Principal Place of Business:

25 WEST GOVERNMENT ST
PANAMA CITY, FL 32401 BA

Current Mailing Address:

P.O. BOX 1613
PANAMA CITY, FL 324021613

New Mailing Address:

FEI Number: 59-1896065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHISON, EDWARD A JR
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUBBARD, NORMA
Address: 1100 W BEACH DR
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: MEAD, BETTINA
Address: 1002 EAST CAROLINE BLVD
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: PRICE, CARLTON
Address: 3637 W HYW 390, APT 209
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: HUBBARD, NORMA
Address: 1100 W BEACH DR
City-St-Zip: PANAMA CITY, FL 32401

Title: TREA (X) Change () Addition
Name: HONCHELL, JANET L DR.
Address: 248 EAST 3RD PLACE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NORMA HUBBARD

DIR

01/14/2009

Electronic Signature of Signing Officer or Director

Date