

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00907

FILED
Apr 21, 2005
Secretary of State

Entity Name: BAY COUNTY PUBLIC LIBRARY FOUNDATION, INC.

Current Principal Place of Business:

25 WEST GOVERNMENT STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

25 WEST GOVERNMENT STREET
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-2512855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, NEVIN J., ESQ.
303 MAGNOLIA AVENUE
PANAMA CITY, FL 32402 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: COOLEY, TOMMY,
Address: P.O. BOX 2222 N/A
City-St-Zip: PANAMA CITY, FL

Title: D () Delete
Name: CLEMONS, GERRY,
Address: 602 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL

Title: VD () Delete
Name: MIDDLEMAS, JOHN R.,
Address: 800 BUNKERS COVE RD.
City-St-Zip: PANAMA CITY, FL

Title: PD () Delete
Name: LLOYD, EUGENIA
Address: 714 BUNKER'S COVE RD.
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: GILMORE, DOUG
Address: 100 VILLA CT.
City-St-Zip: PANAMA CITY, FL 32413

Title: TD () Delete
Name: CONNOR, DON
Address: 2605 THOMAS DR.
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EUGNIA P. LLOYD

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date