2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# N00907

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 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: EUGENIA P. LLOYD PD 03/23/2006

Electronic Signature of Signing Officer or Director — Date