

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N00907

1. Entity Name
BAY COUNTY PUBLIC LIBRARY FOUNDATION, INC.



Principal Place of Business

25 WEST GOVERNMENT STREET
PANAMA CITY, FL 32401

Mailing Address

25 WEST GOVERNMENT STREET
PANAMA CITY, FL 32401



04242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2512855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMAN, NEVIN J., ESQ.
303 MAGNOLIA AVENUE
PANAMA CITY, FL 32402

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | COOLEY, TOMMY |
| STREET ADDRESS | P.O. BOX 2222 N/A |
| CITY-ST-ZIP | PANAMA CITY, FL |
| TITLE | D |
| NAME | CLEMONS, GERRY |
| STREET ADDRESS | 602 BUNKERS COVE ROAD |
| CITY-ST-ZIP | PANAMA CITY, FL |
| TITLE | VD |
| NAME | MIDDLEMAS, JOHN R. |
| STREET ADDRESS | 800 BUNKERS COVE RD. |
| CITY-ST-ZIP | PANAMA CITY, FL |
| TITLE | PD |
| NAME | LLOYD, EUGENIA |
| STREET ADDRESS | 714 BUNKER'S COVE RD. |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 |
| TITLE | D |
| NAME | GILMORE, DOUG |
| STREET ADDRESS | 100 VILLA CT. |
| CITY-ST-ZIP | PANAMA CITY, FL 32413 |
| TITLE | TD |
| NAME | CONNOR, DON |
| STREET ADDRESS | 2605 THOMAS DR. |
| CITY-ST-ZIP | PANAMA CITY, FL 32408 |

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05/10/07-80018-010 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

Gerry Clemons

4.24.07

850.763.4451

Date

Daytime Phone #