

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90005 041 \*\*\*\*61.25

**DOCUMENT # P21360**

1. Entity Name

FRIENDS OF PERDIDO BAY, INC.



Principal Place of Business

10738 LILLIAN HWY.  
PENSACOLA FL 32506

Mailing Address

10738 LILLIAN HWY.  
PENSACOLA FL 32506

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LANE, JACQUELINE M.  
10738 LILLIAN HWY.  
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

00-0090202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LANE, JACQUELINE M.  
STREET ADDRESS 10738 LILLIAN HWY.  
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete  
NAME LENN, BARBARA  
STREET ADDRESS 12450 LILLIAN HWY  
CITY-ST-ZIP PENSACOLA FL 32506

TITLE D ☐ Delete  
NAME OOLGLEY, MICKEY  
STREET ADDRESS 780 HALEYON CIR  
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete  
NAME LANE, JAMES H.  
STREET ADDRESS 10738 LILLIAN HWY.  
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete  
NAME BROWN, J.D.  
STREET ADDRESS 400 COLBERT AVE.  
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete  
NAME WADE, CORRINE  
STREET ADDRESS 12540 LILLIAN HWY  
CITY-ST-ZIP PENSACOLA FL 32506

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Jacqueline M. Lane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jacqueline M. Lane*

Date

Daytime Phone #

850-453-5488