


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P21360</b> 1. Entity Name FRIENDS OF PERDIDO BAY, INC.	
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Principal Place of Business 10738 LILLIAN HWY. PENSACOLA, FL 32506	Mailing Address 10738 LILLIAN HWY. PENSACOLA, FL 32506
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 00-0090202	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LANE, JACQUELINE M. 10738 LILLIAN HWY. PENSACOLA, FL 32506	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, JACQUELINE M. 10738 LILLIAN HWY. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENN, BARBARA 12450 LILLIAN HWY PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QOLGLEY, MICKEY 780 HALEYON CIR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, JAMES H. 10738 LILLIAN HWY. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, J.D. 400 COLBERT AVE. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, CORRINE 12540 LILLIAN HWY PENSACOLA, FL 32506

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01/14/05-80049-007 61.25

DO NOT WRITE  
IN THIS SPACE

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: <u>Jacqueline M. Lane</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/14/05</u> Daytime Phone # <u>850-453-5488</u>