

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

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



01102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
00-0090202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

000000385130
01/18/06-80004-010 61.25

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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

1/11/06

Date

850-453-5488

Daytime Phone #