

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 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



01112008 No Chg-NP CR2E037 (4/06)

**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

**DO NOT WRITE  
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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000783531  
01/16/08-80018-020-61.25

**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  
DEGRAAF, BOB  
3547 MAIKAI DR  
PENSACOLA, FL 32526

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PARTRIDGE, JIM  
9148 BAYVIEW DR  
LILLIAN, AL 36549

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  
HAYES, HAROLD  
9124 BAYVIEW DR  
LILLIAN, AL 36549

**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:**

*Jacqueline M. Lane* Jacqueline M. Lane

Date

Daytime Phone #

1-11-08 850-453-5488