## **2003 NOT-FOR-PROFIT CORPORATION**

## Mar 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P21360** 1. Entity Name 03-10-2003 90746 003 \*\*\*\*61.25 FRIENDS OF PERDIDO BAY, INC. Principal Place of Business Mailing Address 10738 LILLIAN HWY. 10738 LILLIAN HWY. PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 00-0090202 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANE, JACQUELINE M. Street Address (P.O. Box Number is Not Acceptable) 10738 LILLIAN HWY. PENSACOLA FL 32506 City Zip Code 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. ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing 0/2 FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State ·10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANE, JACQUELINE M. NAME NAME STREET ADDRESS 10738 LILLIAN HWY. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE Delete TITLE DIRECTOR ☐ Change Addition NAME VAN EPPS, NANCY NAME STREET ADDRESS 13922 OLD RIVER RD STREET ADDRESS BUILTIEN Hoy. CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST- ZIP nsuly F TITLE Delete Director Wade TITLE ☐ Change Addition NAME **QOLGLEY, MICKEY** NAME STREET ADDRESS 780 HALEYON CIR STREET ADDRESS 10540 WILLIAM HUN CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP Jensewik T-13250x TITLE ☐ Delete TITLE Change ☐ Addition Lane, James H. NAME NAME STREET ADDRESS 10738 LILLIAN HWY. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BROWN, J.D. NAME 400 COLBERT AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

750-453-5488

Change

☐ Addition

**FILED**