

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED 97 MAY -1 PM 2:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 744047 (2) 1. Corporation Name FRIENDS OF THE LEON COUNTY PUBLIC LIBRARY, INC.



Principal Place of Business 200 WEST PARK AVENUE TALLAHASSEE FL 32301-7716 Mailing Address 200 WEST PARK AVENUE TALLAHASSEE FL 32301-7716

3. Date Incorporated or Qualified 08/24/1978 3a. Date of Last Report 04/11/1996 4. FEI Number 59-1896144 5. Certificate of Status Desired [X] \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

9. Name and Address of Current Registered Agent WARFEL, TIMOTHY J., ESQUIRE MESSER VICKERS CAPARELLO FRENCH MADSEN & 215 SOUTH MONROE STREE, SUITE 701 TALLAHASSEE, FL. 32301 10. Name and Address of New Registered Agent 81 Name George V. Matlock 82 Street Address (P.O. Box Number is Not Acceptable) Gulf Atlantic Insurance Company 83 1545 Raymond Diehl Rd., 3rd Floor 84 City Tallahassee, FL 85 Zip Code 32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE [Signature] George V. Matlock, President-Elect, Director 4/23/1997

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	NAME LANGFORD, BETH	STREET ADDRESS 2941 BRANDEMERE DRIVE	CITY-ST-ZIP TALLAHASSEE FL	1.1 TITLE D	1.2 NAME	1.3 STREET ADDRESS 000002167410--6	1.4 CITY-ST-ZIP -05/06/97--01070--003
TITLE PED	NAME HADI, DIANA	STREET ADDRESS 2846 MILLBANK DRIVE	CITY-ST-ZIP TALLAHASSEE FL	2.1 TITLE D	2.2 NAME	2.3 STREET ADDRESS *****70.00	2.4 CITY-ST-ZIP *****70.00
TITLE TD	NAME WATKINS, BEN	STREET ADDRESS 584 RHODEN COVE	CITY-ST-ZIP TALLAHASSEE FL	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE PD	NAME Sharon Walker	STREET ADDRESS 2019 Middlewood Drive	CITY-ST-ZIP Tallahassee, FL 32312	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE PED	NAME George V. Matlock	STREET ADDRESS 2036 Owenby Drive	CITY-ST-ZIP Tallahassee, FL 32308	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE SD	NAME Leslie Rupp	STREET ADDRESS 602 McDaniel Street	CITY-ST-ZIP Tallahassee, FL 32308	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: [Signature] George V. Matlock 4/23/97 904-386-1115

SIGNATURE: [Signature] REQUIRED

CR2E037 (9/96)