

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744047**  
1. Corporation Name  
**Friends of the Leon County Public Library, Inc**

Principal Place of Business <b>200 West Park Ave. Tallahassee, FL 32301-7716</b>	Mailing Address <b>200 West Park Ave Tallahassee, FL 32301-7716</b>
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3. Date Incorporated or Qualified <b>08/24/1978</b>	
4. FEI Number <b>59-1896144</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**George V. Matlock  
Gulf Atlantic Insurance Company  
1545 Raymond Diehl Road, 3rd Floor  
Tallahassee, FL 32308**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0512 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Langford, Beth</b>
STREET ADDRESS	<b>2941 Brandemere Drive</b>
CITY-ST-ZIP	<b>Tallahassee, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Hadi, Diana</b>
STREET ADDRESS	<b>2646 Millbank Drive</b>
CITY-ST-ZIP	<b>Tallahassee, FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Watkins, Ben</b>
STREET ADDRESS	<b>564 Rhoden Cove</b>
CITY-ST-ZIP	<b>Tallahassee, FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>Walker, Sharon</b>
STREET ADDRESS	<b>2019 Middlewood Drive</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
TITLE	<b>PED</b> <input type="checkbox"/> DELETE
NAME	<b>Matlock, George</b>
STREET ADDRESS	<b>2036 Owenby Drive</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>Rupp, Leslie</b>
STREET ADDRESS	<b>602 McDaniel Street</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PED</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>David, Colleen</b>
1.3 STREET ADDRESS	<b>726 Rhoden Cove Rd.</b>
1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
2.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Thompson, Bill</b>
2.3 STREET ADDRESS	<b>2424 Wintergreen</b>
2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Garvin, Pam</b>
3.3 STREET ADDRESS	<b>3681 Dwight Davis</b>
3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>200002506282</b>
4.3 STREET ADDRESS	<b>-04/30/98--01014--028</b>
4.4 CITY-ST-ZIP	<b>***70.00</b>
5.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>1970 Vineland Drive</b>
5.3 STREET ADDRESS	<b>Tallahassee, FL 32311</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Jones, Warren</b>
6.3 STREET ADDRESS	<b>2443 Bass Bay Drive</b>
6.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>

14. 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 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 in an attachment with an address.

SIGNATURE: George V. Matlock **GEORGE V. MATLOCK** Date: 4/27/98 Daytime Phone #: 396-1115

CR2E037 (10/97)

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ATTACHMENT TO 1998 ANNUAL REPORT FOR  
FRIENDS OF THE LEON COUNTY PUBLIC LIBRARY, INC.

<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	D Click, Marsha 1811 Marston Place Tallahassee, Fl 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition