


FILE NOW: FILING FEE IS \$61.25

AMENDED

FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
08/24/1978

4. FEI Number 59-1896144	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**MATLOCK, GEORGE V
GULF ATLANTIC INSURANCE COMPANY
1545 RAYMOND DIEHL RD., 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANGFORD, BETH	
STREET ADDRESS	2941 BRANDEMERE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HADI, DIANA	
STREET ADDRESS	2646 MILLBANK DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATKINS, BEN	
STREET ADDRESS	564 RHODEN COVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, SHARON	
STREET ADDRESS	2019 MIDDLEWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	MATLOCK, GEORGE V	
STREET ADDRESS	2036 OWENBY DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUPP, LESLIE	
STREET ADDRESS	602 MCDANIEL STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Coleen David	
1.3 STREET ADDRESS	726 Rhoden Cove Road	
1.4 CITY-ST-ZIP	Tallahassee, Florida 32312	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Warren Jones	
2.3 STREET ADDRESS	1580 Chadwick Drive	
2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
3.1 TITLE	RS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pam Garvin	
3.3 STREET ADDRESS	3681 Dwight Davis Drive	
3.4 CITY-ST-ZIP	Tallahassee, FL 32312	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carlane Hoffman	
4.3 STREET ADDRESS	2023 Middlewood Drive	
4.4 CITY-ST-ZIP	Tallahassee, FL 32312	
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	100002610251	
5.4 CITY-ST-ZIP	-08/07/98--01014--049	
	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: *Carlane M. Hoffman* 7/24/98 (850) 386-3954

CR2E037 (10/97)