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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 744047

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/24/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1896144

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATLOCK, GEORGE V
GULF ATLANTIC INSURANCE COMPANY
1545 RAYMOND DIEHL RD., 3RD FLOOR
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PED DAVID, COLLEEN**
 STREET ADDRESS **726 RHODEN COVE ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

1.1 TITLE P/D Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D HADI, DIANA**
 STREET ADDRESS **2646 MILLBANK DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE T/D Change Addition
 2.2 NAME **Thompson, William J. (Bill)**
 2.3 STREET ADDRESS **14213 Red Hawk Rd**
 2.4 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE DELETE
 NAME **RS GARVIN, PAM**
 STREET ADDRESS **3681 DWIGHT DAVIE**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

3.1 TITLE S Change Addition
 3.2 NAME **Maddox, Sha**
 3.3 STREET ADDRESS **402 Plantation Road**
 3.4 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE DELETE
 NAME **SD HOFFMAN, CARLANA**
 STREET ADDRESS **2023 MIDDLEWOOD DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

4.1 TITLE D Change Addition
 4.2 NAME **Dailley, Sarah Ann**
 4.3 STREET ADDRESS **2510 Limerick Drive**
 4.4 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE DELETE
 NAME **PED MATLOCK, GEORGE V**
 STREET ADDRESS **2036 OWENBY DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

5.1 TITLE D Change Addition
 5.2 NAME
 5.3 STREET ADDRESS **1970 Vineland Dr.**
 5.4 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE DELETE
 NAME **V JONES, WARREN**
 STREET ADDRESS **1580 CHADWICK DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

6.1 TITLE D Change Addition
 6.2 NAME **Moeller, Helen**
 6.3 STREET ADDRESS **200 West Park Avenue**
 6.4 CITY-ST-ZIP **Tallahassee, FL 32301**

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, with all other like empowered.

SIGNATURE:

George V. Matlock
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George V. Matlock 4/27/99

386-1115

Date

Daytime Phone #

CR2E037 (11/98)

744047
532183901281

ATTACHMENT TO 1999 ANNUAL REPORT FOR
FRIENDS OF THE LEON COUNTY PUBLIC LIBRARY, INC.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CLICK, MARSHA 1811 MARSTON PLACE TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rupp, Leslie 602 McDaniel Street Tallahassee, FL 32308

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