

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 746539 (6)

1. Corporation Name  
**FRIENDS OF THE GADSDEN COUNTY PUBLIC LIBRARY, IN C.**



Principal Place of Business Mailing Address  
341 E. JEFFERSON QUINCY FL 32351 341 E. JEFFERSON QUINCY FL 32351

3. Date Incorporated or Qualified 04/02/1979 3a. Date of Last Report 07/28/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1917378	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROLLINS, HENRY JR 411 N. CALHOUN STREET QUINCY FL 32351				81	Name <b>Cumbie, NESTA</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>201 5th Street</b>		
				83	City <b>Havana, FL 32333</b>		
				84	City	FL	85

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: *Nesta Cumbie* NESTA CUMBIE 5-17-96  
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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROLLINS, HENRY		1.2 NAME				
STREET ADDRESS	411 N CALHOUN ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	QUINCY FL 32351		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HIGGINS, SAM		2.2 NAME				
STREET ADDRESS	900 SUNSET DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	QUINCY FL 32351		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PARSONS, STEWART		3.2 NAME				
STREET ADDRESS	P.O. BOX 572 N/A		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CUMBIE, NESTA		4.2 NAME	<b>Cumbie, NESTA</b>			
STREET ADDRESS	P.O. BOX 765 N/A		4.3 STREET ADDRESS	<b>201 5th Street</b>			
CITY-ST-ZIP	QUINCY FL 32351		4.4 CITY-ST-ZIP	<b>Havana, FL. 32333</b>			
TITLE	CSD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STRICKLAND, MARGARETTE		5.2 NAME				
STREET ADDRESS	319 W NORTH STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	QUINCY FL 32351		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHNSON, MARGARET		6.2 NAME				
STREET ADDRESS	RT 1 BOX 72		6.3 STREET ADDRESS				
CITY-ST-ZIP	QUINCY FL 32351		6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Nesta Cumbie* NESTA CUMBIE 5-17-96 904-875-1000  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)