

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746539 (6)

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



Principal Place of Business 341 E. JEFFERSON QUINCY FL 32351	Mailing Address 341 E. JEFFERSON QUINCY FL 32351-2531
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/02/1979	3a. Date of Last Report 05/22/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1917378	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CUMBIE, NESTA 201 5TH STREET HAVANA FL 32333		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	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 617.0508, Florida Statutes.

SIGNATURE: *Nesta Cumbie, Treasurer* DATE: 4-25-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, SAM	2.2 NAME	
STREET ADDRESS	800 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	TD CUMBIE, NESTA
STREET ADDRESS	201 5TH STREET	4.3 STREET ADDRESS	404 LIVE OAK LANE
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP	HAVANA, FL 32333
TITLE	CSD <input type="checkbox"/> DELETE	5.4 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 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.

CR2E037 (9/96)