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04-26-1999 90174 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

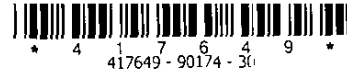


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746539

1. Corporation Name

FRIENDS OF THE GADSDEN COUNTY PUBLIC LIBRARY, INC.



417649 - 90174 - 30

Principal Place of Business

341 E. JEFFERSON
 QUINCY FL 32351

Mailing Address

341 E. JEFFERSON
 QUINCY FL 32351



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

04/02/1979

4. FEI Number

59-1917378

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Elector Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**CUMBIE, NESTA
 404 LIVE OAK LANE
 HAVANA FL 32333**

10. Name and Address of New Registered Agent

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

TITLE **PD** DELETE
 NAME **BRYANT, ELLEN**
 STREET ADDRESS **RT 5, BOX 144-A**
 CITY-ST-ZIP **QUINCY FL 32351**

TITLE **VP** DELETE
 NAME **LEVERETT, ALMETA**
 STREET ADDRESS **RT 6 BOX 48**
 CITY-ST-ZIP **QUINCY FL 32351**

TITLE **SD** DELETE
 NAME **COURY, DEBORAH**
 STREET ADDRESS **200 COUNTRY CLUB DR**
 CITY-ST-ZIP **HAVANA FL 32333**

TITLE **TD** DELETE
 NAME **CUMBIE, NESTA**
 STREET ADDRESS **404 LIVE OAK LN**
 CITY-ST-ZIP **HAVANA FL**

TITLE **CSD** DELETE
 NAME **STRICKLAND, MARGARETTE**
 STREET ADDRESS **319 W NORTH STREET**
 CITY-ST-ZIP **QUINCY FL 32351**

TITLE **D** DELETE
 NAME **JOHNSON, MARGARET**
 STREET ADDRESS **RT 1 BOX 72**
 CITY-ST-ZIP **QUINCY FL 32351**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: **NESTA CUMBIE RE-REGISTERED** *Nesta Cumbie* 4-18-99 850-539-5689
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)