

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 # 769095 (1)

1. Corporation Name

FRIENDS OF THE LIBRARY OF JEFFERSON COUNTY, FLORIDA, INC.



Principal Place of Business

Mailing Address

260 N. CHERRY ST.
MONTICELLO FL 32344

260 N. CHERRY ST.
MONTICELLO FL 32344

3. Date Incorporated or Qualified
06/24/1983

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2423109

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOTT, SALLY K.
1030 S. JEFFERSON
MONTICELLO FL 32344

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 (applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE
NAME CARNEY, QUINN
STREET ADDRESS 775 N. JEFFERSON
CITY-ST-ZIP MONTICELLO FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE PD DELETE
NAME LOTT, SALLY
STREET ADDRESS 1030 SOUTH JEFFERSON
CITY-ST-ZIP MONTICELLO FL

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE TD ~~JAYONN~~ DELETE
NAME BROWN, JAYNE
STREET ADDRESS RT. 2 BOX 163A
CITY-ST-ZIP MONTICELLO FL 32344

31 TITLE TD BETTY Change Addition
32 NAME BROWN JAYONN
33 STREET ADDRESS RT 2 Box 219-D
34 CITY-ST-ZIP MONTICELLO, FL 32344

TITLE SD DELETE
NAME HOADLEY, ANNE
STREET ADDRESS US 19 NORTH
CITY-ST-ZIP MONTICELLO FL

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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: Betty Jayonn Brown 2/8/96 (904)997-7458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)