

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 769095**

1. Entity Name  
**FRIENDS OF THE LIBRARY OF JEFFERSON COUNTY, FLORIDA, INC.**



Principal Place of Business      Mailing Address  
 375 N. SUNSET DR.      375 N. SUNSET DR.  
 MONTICELLO, FL 32344      MONTICELLO, FL 32344



01042008 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2423109	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HANKS, CARL  
 375 N. SUNSET DR.  
 MONTICELLO, FL 32344

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000778676  
 01/11/08-80007-003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HANKS, CARL
STREET ADDRESS	375 N SUNSET DR.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	VP
NAME	BURKHART, ARNOLD
STREET ADDRESS	310 E. DOGWOOD ST.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	S
NAME	ROBINSON, ELIZABETH
STREET ADDRESS	1020 E. PEARL ST.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	T
NAME	GREENWOOD, G GENE
STREET ADDRESS	485 N CHERRY CT
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Carl Hanks*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/5/08*  
 Daytime Phone #: *820-997-7410*