

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

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

59-1917378

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

**ROLLINS, HENRY JR
411 N. CALHOUN STREET
QUINCY FL 32351**

81

Name

Cumbie, Nesta

82

Street Address (P.O. Box Number is Not Acceptable)

201 5th Street

83

Havana, Fl 32333

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:

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

TITLE **PD** ☐ DELETE
NAME **ROLLINS, HENRY**
STREET ADDRESS **411 N CALHOUN ST**
CITY - ST - ZIP **QUINCY FL 32351**

TITLE **VD** ☒ DELETE
NAME **HIGGINS, SAM**
STREET ADDRESS **900 SUNSET DR**
CITY - ST - ZIP **QUINCY FL 32351**

TITLE **SD** ☐ DELETE
NAME **PARSONS, STEWART**
STREET ADDRESS **P.O. BOX 572 N/A**
CITY - ST - ZIP **CHATTAHOOCHEE FL 32324**

TITLE **TD** ☐ DELETE
NAME **CUMBIE, NESTA**
STREET ADDRESS **P.O. BOX 765 N/A**
CITY - ST - ZIP **QUINCY FL 32351**

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 **Cumbie, Nesta**
4.3 STREET ADDRESS **201 5th Street**
4.4 CITY - ST - ZIP **Havana, Fl. 32333**

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 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)