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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

Mailing Address

**341 E. JEFFERSON
QUINCY FL 32351**

**341 E. JEFFERSON
QUINCY FL 32351-2531**



2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

28
Zip

30
Country

3. Date Incorporated or Qualified
04/02/1979

3a. Date of Last Report
05/22/1996

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

**CUMBIE, NESTA
201 5TH STREET
HAVANA FL 32333**

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 617.0508, Florida Statutes.

SIGNATURE

Nesta Cumbie, Treasurer
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **HIGGINS, SAM**
CITY-ST-ZIP **800 SUNSET DR**
QUINCY FL 32351

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **CUMBIE, NESTA**
CITY-ST-ZIP **201 5TH STREET**
HAVANA FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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 **TD**
4.3 STREET ADDRESS **CUMBIE, NESTA**
404 LIVE OAK LANE
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 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)