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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

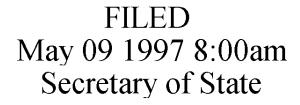
FRIENDS OF THE GADSDEN COUNTY PUBLIC LIBRARY, IN

Principal Place of Business

Mailing Address

SALE REFERENCIAL

SALE TERRESON





QUINCY FL 92351				OUINCY FL 32351-2531	OUINCY FL 32351-2531								
								3. Date Incorporate 04/02/1978	d or Qualified	3a. Dai	le of L. 5/22/	ast Re 1 99 6	ciort
	Principal P	lace of Busin	ness	2a. Mailing Address	├ ─				B			-+	lied For
Sulte, Apt. #, etc.				26 Cuito Ant # ata	Suite, Apt. #, etc.				D				Applicable
22	Suite, Apri.	#, 0 10.		27 Suite, Apt. #, etc.				5. Certificate of Stat	us Desired			75 Ad se Reg	dditional wired
City & State				City & State				6. Election Campaig	ın Financino				лау Вө
23				28	28			Trust Fund Contri				ded to	
	Ζip	Country Zip 25 29 30				untry	,	8. This corporation (der s.	199.032,
24		25 29 29 9. Name and Address of Current Registered Agent						Florida Statutes		Yes [
		9. Name and Address of Current Registered Agent					Name	10. Name and Addre	ess of New Hegi	Stered A	gent		
CUMBIE, NESTA													
	201 5TH						Street	Address (P.O. Box Number is	Not Acceptable	1)			
HAVANA FL 32333			er e			83					·····		
						84	City				lasi	7:- C	
							'			FL	1	Zip C	
11.	Pursuant office or r	to the provis	ions of Sections 617.0	0502 and 617.1508, Florida St	tatutes, the a	bove d by	e-named	corporation submits this stat	ement for the pur	rpose of	chang	ing its	registered
	agent. I a	m familiar wi	th, and accept the ob	ate of Florida. Such change wolligations of, Soction 617.0506	B, Florida Sta	lutes	3.	poration's board of thectors.	Thereby accept	ine appe	, intimes	ii as it	gustered
SIC	INATURE .	$ \gamma$		under of	uasy.	M	7	required when reinstating)	<i>></i>	ى چر · / DATE	9	_7_	
12.		orgranite, typys		AND DIRECTORS	13.	o Ago	ent signatur	ADDITIONS/CHAN	GES TO OFFICE		DIREC	TORS	IN 12
TIT).	E	PD		☐ DELETE	1.1 T	ITLE					Cha		Addition
NAM	AΕ	ROLLINS	, HENRY		1.2 N	AME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		411 N C/	alhoun St		1.B S	1.B STREET ADDRESS							
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TITLE		VD		☐ DELETE	211	ITLE					Cha	nge	Addition
		HIGGINS				2 P NAME 2 B STREET ADDRESS							
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		SD	FL 32351	DELETE			ST-ZIP				Ch.		Addition
	PARSONS, STEWART				LETE 3.1 TITLE 3.P NAME					į	Cha	ពេជិត	Addition Addition
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City	(-ST-ZIP	HAVANA	FL		4.4 C	TY-S	T-ZIP	HHAMALL					
TITL	£	CSD □ DELETE			5.1 T	5.4 TITLE					Cha	nge	Addition
NAME			and, margaretti	E	5.P NA								
STREET ADDRESS			ORTH STREET		5.8 S		ADDRESS						
	'-ST-ZIP		FL 32351	Deleve		ITY - S	1-ZIP						
TITU		D	N MAROARET	☐ DELETE						l	Cha	nge	Addition
	lE		N, MARGARET		6.2 N								
	EET ADDRESS	RT 1 BO					ADDRESS						
	-ST-ZIP		FL 32351	alied with this filling does not a		ITY-S		tated in Section 110 07/2Vi)	Florida Chabutas	I do albana		411-41-	

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 13 if changed, or on an attachment with an address.