


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90002 040 \*\*\*\*61.25

<b>DOCUMENT # 746539</b> 1. Entity Name <b>FRIENDS OF THE GADSDEN COUNTY PUBLIC LIBRARY, INC.</b>					
Principal Place of Business <b>341 E. JEFFERSON QUINCY, FL 32351</b>			Mailing Address <b>341 E. JEFFERSON QUINCY, FL 32351</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1917378</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CUMBIE, NESTA 404 LIVE OAK LANE HAVANA, FL 32333</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Nesta Cumbie</i></u> <b>NESTA CUMBIE</b> <b>6-3-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASSETT, MARY EMMA</b>		NAME	<b>DEBORAH CORY</b>	
STREET ADDRESS	<b>3725 SOLOMON DAIRY ROAD</b>		STREET ADDRESS	<b>416 RED FOX LANE</b>	
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>		CITY-ST-ZIP	<b>HAVANA FL 32333</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVERETT, ALMETA</b>		NAME	<b>RALPH RANNEY</b>	
STREET ADDRESS	<b>RT 6 BOX 48</b>		STREET ADDRESS	<b>301 HAWTHORNE</b>	
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>		CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCASKILL, MARTHA ANN</b>		NAME	<b>SARA MARGARET MARTIN</b>	
STREET ADDRESS	<b>170 HICKORY LANE</b>		STREET ADDRESS	<b>924 MYRTLE AVE</b>	
CITY-ST-ZIP	<b>HAVANA, FL 32333</b>		CITY-ST-ZIP	<b>QUINCY FL 32351</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	<b>CUMBIE, NESTA</b>		NAME		
STREET ADDRESS	<b>404 LIVE OAK LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HAVANA, FL</b>		CITY-ST-ZIP		
TITLE	CSD	<input type="checkbox"/> Delete	TITLE		
NAME	<b>STRICKLAND, MARGARETTE</b>		NAME		
STREET ADDRESS	<b>319 W NORTH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	<b>JOHNSON, MARGARET</b>		NAME		
STREET ADDRESS	<b>RT 1 BOX 72</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>		CITY-ST-ZIP		
12. I 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 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: <u><i>Nesta Cumbie</i></u> <b>NESTA CUMBIE</b> <b>6-3-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40087061

## Division of Corporations

## Annual Report

The following is a review of the information you are submitting for the filing of your Annual Report. Please verify the information and any changes made for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

## Document Number

746539

## Business Entity Name

FRIENDS OF THE GADSDEN COUNTY  
PUBLIC LIBRARY, INC.

## FEI Number

591917378

## FEI Number Status

Current

## Certificate of Status Desired

No

Election Campaign Financing Trust Fund  
Contribution

No

## Principal Place of Business

Address 341 E. JEFFERSON  
Suite, Apt. #, etc.  
City, State QUINCY, FL  
Zip Code & Country 32351

## Mailing Address

Address 341 E. JEFFERSON  
Suite, Apt. #, etc.  
City, State QUINCY, FL  
Zip Code & Country 32351

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) CUMBIE, NESTA  
Address 404 LIVE OAK LANE  
Suite, Apt. #, etc.  
City, State HAVANA, FL  
Zip Code & Country 32333 US  
Registered Agent Signature

## Officer/Director Name And Address

Title PD  
Name (Last, First, Middle, Title) CORY, DEBORAH  
Street Address 416 RED FOX LANE

40087061  
#746539

**City, State** HAVANA, FL  
**Zip Code & Country** 32333  
**Title** PD  
**Name (Last, First, Middle, Title)** RANNEY, RALPH  
**Street Address** 301 HAWTHORNE LANE  
**City, State** QUINCY, FL  
**Zip Code & Country** 32351  
**Title** SD  
**Name (Last, First, Middle, Title)** SARA MARGARET, MARTIN  
**Street Address** 924 MYRTLE AVENUE  
**City, State** QUINCY, FL  
**Zip Code & Country** 32351  
**Title** TD  
**Name (Last, First, Middle, Title)** CUMBIE, NESTA  
**Street Address** 404 LIVE OAK LN  
**City, State** HAVANA, FL  
**Zip Code & Country**  
**Title** CSD  
**Name (Last, First, Middle, Title)** STRICKLAND, MARGARETTE  
**Street Address** 319 W NORTH STREET  
**City, State** QUINCY, FL  
**Zip Code & Country** 32351  
**Title** D  
**Name (Last, First, Middle, Title)** JOHNSON, MARGARET  
**Street Address** RT 1 BOX 72  
**City, State** QUINCY, FL  
**Zip Code & Country** 32351  
**Title** TREA  
**Officer/Director Signature** NESTA CUMBIE

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