

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

03-24-2008 90051 029 ****61.25

DOCUMENT # 746539 1. Entity Name FRIENDS OF THE GADSDEN COUNTY PUBLIC LIBRARY, INC.					
Principal Place of Business 732 PAT THOMAS PKWY QUINCY, FL 32351			Mailing Address 732 PAT THOMAS PKWY QUINCY, FL 32351		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1917378	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CUMBIE, NESTA 404 LIVE OAK LANE HAVANA, FL 32333				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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> Signature, typed or printed name of registered agent and file if applicable.		DATE <u>3-12-08</u> (NOTE: Registered Agent signature required when reissuing)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PARSONS, STEWART 1899 HARDWAY HWY CHATTAHOOCHEE, FL 32324	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KARLE GORDON 797 BEAVER CREEK LN HAVANA FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GORDON, KARLE 797 BEAVER CREEK LN. HAVANA, FL 32333	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SANDRA JOHNSON 3160 BASSETT RD QUINCY FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CUMBIE, NESTA 404 LIVE OAK LN HAVANA, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CSD STRICKLAND, MARGARETTE 319 W NORTH STREET QUINCY, FL 32351	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALMETA LEVERETT 570 HAVANA HWY QUINCY FL 32352
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u><i>Nesta Cumbie</i></u>		Date <u>4-9-08</u> 850-539-5689			