| Entity Name: FRIENDS OF THE GADSDEN COUNTY PUBLIC LIBRAR Current Principal Place of Business: 732 PAT THOMAS PKWY QUINCY, FL 32351 | Y, INC. Secretary of State CC7590307419 |
|--|---|
| Current Mailing Address: | |
| 732 PAT THOMAS PKWY QUINCY, FL 32351 | |
| FEI Number: 59-1917378 | Certificate of Status Desired: Yes |
| Name and Address of Current Registered Agent: | |
| CUMBIE, NESTA 404 LIVE OAK LANE HAVANA, FL 32333 US | |
| | |
| The above named entity submits this statement for the purpose of changing its registered office or regi | stered agent, or both, in the State of Florida. |
| The above named entity submits this statement for the purpose of changing its registered office or regised SIGNATURE: NESTA CUMBIE | stered agent, or both, in the State of Florida. 01/15/2018 |
| | |
| SIGNATURE: NESTA CUMBIE | 01/15/2018 |
| SIGNATURE: NESTA CUMBIE Electronic Signature of Registered Agent | 01/15/2018 |
| SIGNATURE: NESTA CUMBIE Electronic Signature of Registered Agent Officer/Director Detail : | 01/15/2018 Date |
| SIGNATURE: NESTA CUMBIE Electronic Signature of Registered Agent Officer/Director Detail : Title PD Title | 01/15/2018 Date |
| SIGNATURE: NESTA CUMBIE Electronic Signature of Registered Agent Officer/Director Detail : Title PD Name COURY, DEBORAH | 01/15/2018 Date TD CUMBIE, NESTA 404 LIVE OAK LN |
| SIGNATURE: NESTA CUMBIE Electronic Signature of Registered Agent Officer/Director Detail : Title PD Name COURY, DEBORAH Address 416 RED FOX LANE | 01/15/2018 Date TD CUMBIE, NESTA 404 LIVE OAK LN |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NESTA CUMBIE

P.O. BOX 97

City-State-Zip: GREENSBORO FL 32330

Address

TREASURER

513 DARIEN ST

City-State-Zip: CHATTAHOOCHEE FL 32324

Address

01/15/2018

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746539