

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11076

Entity Name: FRIENDS OF THE GULF COUNTY PUBLIC LIBRARIES, INC.**Current Principal Place of Business:**110 LIBRARY DR.
PORT ST. JOE, FL 32456**Current Mailing Address:**110 LIBRARY DR.
PORT ST. JOE, FL 32456**FEI Number: 59-2849220****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COPELAND, CARL
110 LIBRARY DR.
PORT ST. JOE, FL 32456 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	COLBERT, CATHY
Address	1310 GARRISON AVE.
City-State-Zip:	PT. ST JOE FL 32456

Title	SEC
Name	JOHNSON, BOBBYE
Address	251 MADISON STREET
City-State-Zip:	PORT ST JOE FL 32456

Title	D
Name	MAHIKOV, SHEILA
Address	603 NAUTILUS DR.
City-State-Zip:	PORT ST JOE FL 32456

Title	VP
Name	CARPENTER, MARY K
Address	602 17TH STREET
City-State-Zip:	PORT ST JOE FL 32456

Title	T
Name	ROBERSON, RALPH
Address	214 SEVENTH ST
City-State-Zip:	PORT ST JOE FL 32456

Title	D
Name	PETTIS, RUTH
Address	1015 MARRIN AVE
City-State-Zip:	PORT ST JOE FL 32456

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: CATHY COLBERT**PRESIDENT****03/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date