


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 732476</b> 1. Entity Name <b>FRIENDS OF THE LIBRARY</b>	
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Principal Place of Business <b>430 NORTH MAIN ST GAINESVILLE, FL 32601</b>	Mailing Address <b>430 NORTH MAIN ST GAINESVILLE, FL 32601</b>
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**DO NOT WRITE IN THIS SPACE**

01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-6212422</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTLETT, BEVERLY  
1421 NW 47TH TERR  
GAINESVILLE, FL 32605**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTLETT, BEVERLY 1421 N.W. 47TH TER GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEARDON, JOAN 10010 SW 52 ROAD GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARBOX, GILLETTE 18515 NW 28 PLACE NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000593098  
01/22/07-80018-004 61.25

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IN THIS SPACE**

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:** Beverly F Bartlett **BEVERLY F BARTLETT** 1/18/07 352-377-8257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #