FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT ~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:15

1. Corporation Name

FRIENDS OF THE COLUMBIA COUNTY ~~LIBRARY CHAPTER OF GARNER-ROSS REGIONAL LIBRARY, INC.~~
Public Library, Inc.

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Mailing Address
~~% ROBERT GARNER~~
~~RT. 4, BOX 643~~
~~LAKE CITY FL 32055~~
~~Janice Bessinger~~

Principal Place of Business
~~% ROBERT GARNER~~
~~RT. 4, BOX 643~~
~~LAKE CITY FL 32055~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 08/04/1975
3a. Date of Last Report: 4-11-94

21 2. Mailing Address: 490 N. Columbia St
22 Suite, Apt. #, etc.
23 City & State: Lake City, Fla
24 Zip: 32055 25 Country: USA

26 2a. Principal Place of Business: 490 N. Columbia St.
27 Suite, Apt. #, etc.
28 City & State: Lake City, Florida
29 Zip: 32055 30 Country: USA

4. FEI Number: 59-1647282 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☑

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~JOPLING, WALLACE M.~~
~~2569 INGLEWOOD DR.~~
~~LAKE CITY FL 32055~~

Bessinger, Janice
P.O. Box 1974/312 S. Marion
Lake City, FL 32055

10. Name and Address of New Registered Agent

81 Name: Faye C. Roberts
82 Street Address (P.O. Box Number is Not Acceptable): 490 N. Columbia St.
83 Lake City, Florida 32055
84 City: FL 85 Zip Code: 32055

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: Faye C Roberts (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE: 4-29-95

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	~~P/D~~ ~~GARNER BOB~~ ~~RT. 10, BOX 416W~~ ~~LAKE CITY FL~~	President/D Bessinger, Janice 512 S. Marion St. Lake City, FL 32055	President/D Morgan, Teresa 327 N. Hernando St. Lake City, FL 32055
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	~~V/D~~ ~~HILLHOUSE SUSAN~~ ~~RT. 4, BOX 643~~ ~~LAKE CITY FL~~	V. Pres./D Bessinger, Mel 512 S. Marion St. Lake City, FL 32055	Vice President/D Garner, Robert Rt. 10, Box 416-W (N/A) Lake City, FL 32055
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	~~T/D~~ ~~BAUER HARRIET~~ ~~RT. 5, BOX 5950 CR~~ ~~LAKE CITY FL~~	Treasurer/D Valk, Johannes H. Rt 3, Box 189 Lake City FL 32055	Treasurer/D Taylor, Eric P.O. Box 3506 (N/A) Lake City, FL 32056
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	~~S/D~~ ~~BROOME FRANK~~ ~~RT. 4, BOX 459~~ ~~LAKE CITY FL~~	Secretary/D Harriss, Kent 1322 Alamo Dr.	Secretary/D James, Charlotte 1081 North St.
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	~~D~~ ~~BROWDER MARY~~ ~~1024 ALAMO DRIVE~~ ~~LAKE CITY FL~~	Lake City, FL 32025 D Roberts, Faye 490 N. Columbia St.	Lake City, FL 32055 D Roberts, Faye C. 490 N. Columbia St.
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		Lake City, FL 32055	Lake City, FL 32055

REQUESTED BY PHONE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Teresa B. Morgan 5/1/95 904/758-2101
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

TERESA B. MORGAN, PRESIDENT