

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 733460 (0)

1. Corporation Name
FRIENDS OF THE COLUMBIA COUNTY PUBLIC LIBRARY, INC.



Principal Place of Business: **490 N. COLUMBIA ST. LAKE CITY FL 32055**
 Mailing Address: **490 N. COLUMBIA ST. LAKE CITY FL 32055**

3. Date Incorporated or Qualified: **08/04/1975**
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1647282	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERTS, FAYE C. 490 N. COLUMBIA ST. LAKE CITY FL 32055	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, TERESA	1.2 NAME	FIELDS, NANCY
STREET ADDRESS	327 N. HERNANDO ST.	1.3 STREET ADDRESS	207 S. MARION ST.
CITY - ST - ZIP	LAKE CITY FL 32055	1.4 CITY - ST - ZIP	LAKE CITY FL 32025
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, ROBERT	2.2 NAME	COLLINS, MARGARET
STREET ADDRESS	RT. 10 BOX 418-W	2.3 STREET ADDRESS	RT. 3 BOX 331
CITY - ST - ZIP	LAKE CITY FL 32055	2.4 CITY - ST - ZIP	LAKE CITY FL 32025
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, CHARLOTTE	3.2 NAME	
STREET ADDRESS	1081 NORTH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL 32055	3.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ERIC	4.2 NAME	JONES, DUNCAN
STREET ADDRESS	P.O. BOX 3506 N/A	4.3 STREET ADDRESS	207 S. MARION ST.
CITY - ST - ZIP	LAKE CITY FL 32056	4.4 CITY - ST - ZIP	LAKE CITY FL 32025
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, FAYE	5.2 NAME	
STREET ADDRESS	490 N. COLUMBIA ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL 32055	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), Florida Statutes. 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 6/28/94 Date 904 758 2101 Daytime Phone #

CR2E037 (3/96)