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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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, I
NC.

Principal Place of Business

Mailing Address

490 N. COLUMBIA ST.
LAKE CITY FL 32055

490 N. COLUMBIA ST.
LAKE CITY FL 32055-2816



3. Date Incorporated or Qualified
08/04/1975

3a. Date of Last Report
07/05/1996

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FIELDS, NANCE
STREET ADDRESS 207 SOUTH MARION ST
CITY-ST-ZIP LAKE CITY FL ☐ DELETE

11 TITLE President
12 NAME Margaret Collins
13 STREET ADDRESS Rt 3 Box 331
14 CITY-ST-ZIP Lake City FL ☒ Change ☐ Addition

TITLE VPD
NAME COLLINS, MARGARET
STREET ADDRESS RT 3 BOX 331
CITY-ST-ZIP LAKE CITY FL ☐ DELETE

21 TITLE UPR
22 NAME Linda Gafford
23 STREET ADDRESS 220 S. 1st St
24 CITY-ST-ZIP Lake City FL ☒ Change ☐ Addition

TITLE SD
NAME JAMES, CHARLOTTE
STREET ADDRESS 1081 NORTH STREET
CITY-ST-ZIP LAKE CITY FL 32055 ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME JONES, DUNCAN
STREET ADDRESS 207 S. MARION ST
CITY-ST-ZIP LAKE CITY FL ☐ DELETE

41 TITLE Treasurer
42 NAME Nancy Fields
43 STREET ADDRESS 207 S. Marion
44 CITY-ST-ZIP Lake City FL 32025 ☒ Change ☐ Addition

TITLE D
NAME ROBERTS, FAYE
STREET ADDRESS 490 N. COLUMBIA ST.
CITY-ST-ZIP LAKE CITY FL 32055 ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)