


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 27 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified  
 08/04/1975

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 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 25 29 30

9. Name and Address of Current Registered Agent  
 ROBERTS, FAYE C.  
 490 N. COLUMBIA ST.  
 LAKE CITY FL 32055

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME COLLINS, MARGARET

STREET ADDRESS RT 8, BOX 891

CITY-ST-ZIP LAKE CITY FL

NAME GAFFORD, LINDA

STREET ADDRESS 220 S. 1ST ST

CITY-ST-ZIP LAKE CITY FL

NAME JAMES, CHARLOTTE

STREET ADDRESS 1081 NORTH STREET

CITY-ST-ZIP LAKE CITY FL 32055

NAME FIELDS, NANCY

STREET ADDRESS 207 S. MARLON

CITY-ST-ZIP LAKE CITY FL

NAME ROBERTS, FAYE

STREET ADDRESS 490 N. COLUMBIA ST.

CITY-ST-ZIP LAKE CITY FL 32055

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME Margaret Collins

1.3 STREET ADDRESS 24 Arredondo St

1.4 CITY-ST-ZIP Lake City FL 32025-5850

2.1 TITLE  Change  Addition

2.2 NAME Gafford, Linda

2.3 STREET ADDRESS 220 S. First St.

2.4 CITY-ST-ZIP Lake City FL 32025

3.1 TITLE  Change  Addition

3.2 NAME James Charlotte

3.3 STREET ADDRESS 1081 North St.

3.4 CITY-ST-ZIP Lake City FL 32055

4.1 TITLE  Change  Addition

4.2 NAME Fields, Nancy

4.3 STREET ADDRESS 400 S. Hernando

4.4 CITY-ST-ZIP Lake City FL 32025

5.1 TITLE  Change  Addition

5.2 NAME Roberts, Faye

5.3 STREET ADDRESS 490 N. Columbia St

5.4 CITY-ST-ZIP Lake City FL 32055

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE: Nancy Holliday-Fields 7-27-98 904-752-6570  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)