


FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90005 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733460					
1. Corporation Name FRIENDS OF THE COLUMBIA COUNTY PUBLIC LIBRARY, I NC.					
Principal Place of Business 490 N. COLUMBIA ST. LAKE CITY FL 32055			Mailing Address 490 N. COLUMBIA ST. LAKE CITY FL 32055		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/04/1975 4. FEI Number 59-1647282 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			

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 Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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	P	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, MARGARET			1.2 NAME	Nancy Holliday-Fields		
STREET ADDRESS	24 ARREDONDO ST			1.3 STREET ADDRESS	PO Box 1569		
CITY-ST-ZIP	LAKE CITY FL 32025-5850			1.4 CITY-ST-ZIP	Lake City FL 32056		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	Jennifer Blevins	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAFFORD, LINDA			2.2 NAME	Route 16, Box 569		
STREET ADDRESS	220 S. 1ST ST			2.3 STREET ADDRESS	Lake City FL 32055		
CITY-ST-ZIP	LAKE CITY FL 32025			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	Marilyn Harrington	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAMES, CHARLOTTE			3.2 NAME	Rt 23, Box 1316		
STREET ADDRESS	1081 NORTH STREET			3.3 STREET ADDRESS	Lake City FL 32025		
CITY-ST-ZIP	LAKE CITY FL 32055			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	Rick Gaither	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIELDS, NANCY			4.2 NAME	400 S. Hernando		
STREET ADDRESS	400 S HERNANDO			4.3 STREET ADDRESS	Lake City FL 32025		
CITY-ST-ZIP	LAKE CITY FL 32025			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, FAYE			5.2 NAME	Same		
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 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, with all other like empowered.

SIGNATURE:

Nancy Holliday-Fields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-99

Date

Daytime Phone #

CR2E037 (5/99)