# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 15, 2004 8:00 am**
**Secretary of State**
07-15-2004 90005 016 ****61.25

DOCUMENT # 733460

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

| Principal Place of Business | Mailing Address |
|---|---|
| 308 NW COLUMBIA AVE<br>LAKE CITY, FL 32055 | 308 NW COLUMBIA AVE<br>LAKE CITY, FL 32055 |

04062513

07012004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

**6. Name and Address of Current Registered Agent**

ROBERTS, FAYE C.
308 NW COLUMBIA AVE
LAKE CITY, FL 32055

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by September 8, 2004**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ADAMSON, GERRY<br>463 PALM DRIVE<br>LAKE CITY, FL 32055 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BURKHARDT, KARL<br>P O BOX 7154<br>LAKE CITY, FL 32056 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>HARRISS, KENT<br>805 SW ALAMO DRIVE<br>LAKE CITY, FL 32025 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP Margaret Collins<br>PO Box 79<br>Lake City FL 32056 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ROBINSON, DOLLY<br>RT 20 BOX 2131<br>LAKE CITY, FL 32055 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary Judy Sears<br>493 SW Alamo Drive<br>Lake City FL 32025 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BURKHARDT, KARL<br>P O BOX 7154<br>LAKE CITY, FL 32056 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HARRISS, KENT<br>805 SW ALAMO DRIVE<br>LAKE CITY, FL 32025 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROBERTS, FAYE<br>308 NW COLUMBIA AVE<br>LAKE CITY, FL 32055 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Karl Burkhardt July 2, 2004 386 961 8938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #