

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90038 042 \*\*\*\*61.25

**DOCUMENT # 733460**

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



Principal Place of Business  
**308 NW COLUMBIA AVE  
LAKE CITY, FL 32055**

Mailing Address  
**308 NW COLUMBIA AVE  
LAKE CITY, FL 32055**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1647282**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**Evans, Katrina**

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

**308 NW Columbia Avenue**

City  
**Lake City**

**FL** Zip Code  
**32055**

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

*Katrina P. Evans*

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

(NOTE: Registered Agent signature required when renewing)

*3/17/2005*  
DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BURKHARDT, KARL  
PO BOX 7154  
LAKE CITY, FL 32056** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
COLLINS, MARGARET  
PO BOX 79  
LAKE CITY, FL 32056** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SEARS, JUDY  
493 SW ALAMO DR  
LAKE CITY, FL 32025** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HARRISS, KENT  
805 SW ALAMO DR  
LAKE CITY, FL 32025** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROBERTS, FAYE  
308 NW COLUMBIA AVE  
LAKE CITY, FL 32055** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Collins, Margaret  
P.O. Box 79  
Lake City, FL 32056** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
Robinson, Dolly  
392 NW Overflow Lake Dr.  
Lake City, FL 32055** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Lee, Pat  
312 SW Edgewood Lane  
Lake City, FL 32025** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Evans, Katrina  
308 NW Columbia Avenue  
Lake City, FL 32055** ☒ Change ☐ Addition

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:

*Margaret P. Collins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Collins, President

*3/17/05 386/758-4912*

Date

Daytime Phone #