


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 733460</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1647282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

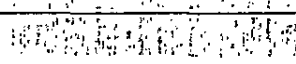
6. Name and Address of Current Registered Agent

PAULSON, DEBORAH  
308 NW COLUMBIA AVE  
LAKE CITY, FL 32055

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, DOLLY MARY N 392 NW OVERFLOW LAKE DR LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EUBANK, BONNIE 558 NW HARRIS LAKE DR LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEARS, JUDY 493 SW ALAMO DR LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HADLEY, SUE 495 NW HILLSBORO LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULSON, DEBORAH 308 NW COLUMBIA AVE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000821174  
02/19/08-80012-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Deborah J. Paulson Deborah J. Paulson 2/5/08 386-758-1018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #