

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733460

FILED  
Jan 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

308 NW COLUMBIA AVE  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

308 NW COLUMBIA AVE  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 59-1647282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBINSON, DOLLY MARY N  
Address: 392 NW OVERFLOW LAKE DR  
City-St-Zip: LAKE CITY, FL 32055

Title: V ( ) Delete  
Name: EUBANK, BONNIE  
Address: 558 NW HARRIS LAKE DR  
City-St-Zip: LAKE CITY, FL 32055

Title: S ( ) Delete  
Name: SEARS, JUDY  
Address: 493 SW ALAMO DR  
City-St-Zip: LAKE CITY, FL 32025

Title: T ( ) Delete  
Name: HADLEY, SUE  
Address: 495 NW HILLSBORO  
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete  
Name: PAULSON, DEBORAH  
Address: 308 NW COLUMBIA AVE  
City-St-Zip: LAKE CITY, FL 32055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SEARS, JUDY  
Address: 2618 SE COUNTRY CLUB RD.  
City-St-Zip: LAKE CITY, FL 32025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH PAULSON

D

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date