

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # 736859

1. Entity Name
FRIENDS OF THE LIBRARY OF JACKSON COUNTY, INC.



Principal Place of Business
**2929 GREEN STREET
MARIANNA, FL 32446 US**

Mailing Address
**2929 GREEN STREET
MARIANNA, FL 32446 US**



02042004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2315893

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**PETTIS, BETTY J
3382 PARKRIDGE RD
MARIANNA, FL 32446**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
POLLER, JANICE A
3388 PARKRIDGE RD
MARIANNA, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PETTIS, BETTY
3382 PARKRIDGE RD
MARIANNA, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HINTON, JOY L
5092 CREEK PATH
MARIANNA, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000041736
02/09/04-B0101-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Betty J. Pettis **Betty J. Pettis**

2/5/04 **2/5/04 850-482-4295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #