2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 01, 2006 8:00 am **Secretary of State**

06-01-2006 90003 037 ****61.25



DOCUMENT #746539 FRIENDS OF THE GADSDEN COUNTY PUBLIC LIBRARY. Principal Place of Business PAT THOMAS 341 E. JEFFERSON Mailing Address 50020214 **QUINCY, FL 32351** QUINCY, FL 32351 2. Principal Place of Business
732 PATTHOMA 6 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05222006 Chg-NP CR2E037 (4/06) Applied For 4. FEI Number 59-1917378 ty & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent CUMBIE, NESTA Street Address (P.O. Box Number is Not Acceptable) 404 LIVE OAK LANE HAVANA, FL 32333 City Zip Code FL 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. 5-28-06 SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Change Addition TITI F Delete TITLE PARSONS STEWART COURY, DEBORAH NAME 416 RD POX LANE STREET ADDRESS STREET ADDRESS CHATTAHOOCHEE CITY-ST-ZIP HAVANA, FL 32333 CITY-ST-ZIP GORDON, KARLE ☐ Change Delete PD TITLE TITLE NAME RANNEY, RALPH BEAVER CREEK LANE NAME STREET ADDRESS 301 HAWTHORNZ STREET ADDRESS 3233 3 QUINCY, FL 32351 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE MARGATE MARTIN, SARA NAME NAME STREET ADDRESS 924 MYRTLE AVE STREET ADDRESS QUINCY, FL 323514 CITY-ST-ZIP CITY-ST-7IP Delete Change Accilion TITLE CUMBIE NESTA NAME NAME 404 LIVE OAK LN STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HAVANA, FL Delete TITLE ☐ Change Addition CSD TITLE NAME STRICKLAND, MARGARETTE NAME STREET ADDRESS 319 W NORTH STREET STREET ADDRESS CITY-ST-ZIP QUINCY, FL 32351 CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME JOHNSON, MARGARET NAME RT 1 BOX 72 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **QUINCY, FL 32351**

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 chapter 119.

SIGNATURE:

Date

Daytime Phone #