2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 11, 2008 8:00 am
Secretary of State
03-24-2008 90051 029 ****61.25

DOCUMENT # 746539

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

660C335

Principal Place of Business	Mailing Address
732 PAT THOMAS PKWY QUINCY, FL 32351	732 PAT THOMAS PKWY QUINCY, FL 32351

03072008 Chg-NP CR2E037 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1917378 ☐ Applied For ☐ Not Applicable

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
CUMBIE, NESTA 404 LIVE OAK LANE HAVANA, FL 32333	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Nesta Cumbie 3-12-08
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARSONS, STEWART 1899 HARDAWAY HWY CHATTAHOOCHEE, FL 32324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KARLE GORDON 797 BEAVER CREEK LN HAVANA FL 32333	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GORDON, KARLE 797 BEAVER CREEK LN. HAVANA, FL 32333	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANDRA JOHNSON 2160 BASSETT RD QUINCY FL 32351	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CUMBIE, NESTA 404 LIVE OAK LN HAVANA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD STRICKLAND, MARGARETTE 319 W NORTH STREET QUINCY, FL 32351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALMETA LEVERETT 570 HAVANA HWY QUINCY FL 32352	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Nesta Cumbie, Treasurer 4-9-08 850-539-5689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #