

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759196

FILED
Mar 31, 2012
Secretary of State

Entity Name: FRIENDS OF WAKULLA COUNTY PUBLIC LIBRARY, INC.

Current Principal Place of Business:

4330 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1737
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

FEI Number: 59-3125252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, DOUG
354 WHITE OAK DRIVE
CRAWFORDVILLE, FL 32327 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
Name: BELFORD, SUE
Address: 40 YARBROUGH RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: MARTIN, REBECCA
Address: 2904 IVANHOE RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: T
Name: JONES, DOUG
Address: 354 WHITE OAK DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: BUTERA, MARY
Address: 1488 SOPCHOPPY HIGHWAY
City-St-Zip: SOPCHOPPY, FL 32358

Title: D
Name: BUTERA, MARY
Address: 1488 SOPCHOPPY HIGHWAY
City-St-Zip: SOPCHOPPY, FL 32327

Title: S
Name: CAMERON, CATHY
Address: 1330 MARTIN LUTHER KING JR.MEMORIAL BLVD.
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS M JONES

T

03/31/2012

Electronic Signature of Signing Officer or Director

Date