2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 760124

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

Principal Place of Business	Mailing Address
C/O BETSY BERGMAN 1848 OHIO AVE., SOUTH LIVE OAK, FL 32060	C/O BETSY BERGMAN 1848 OHIO AVE., SOUTH LIVE OAK, FL 32060

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01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3001074
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COGDILL, PAULINE
9010 141ST LANE
FOXBORO SUBDIVISION
LIVE OAK, FL 32060

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	T
NAME	COGDILL, PAULINE
STREET ADDRESS	910 141ST LANE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	P
NAME	BERGMAN, BETSY
STREET ADDRESS	PO BOX 519
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	D
NAME	SLAUGHTER, TINA
STREET ADDRESS	631 SUWANNEE AVE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	MIZELL, RUTH
STREET ADDRESS	8293 ADAMS ROAD
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	D S
NAME	COOK, MARIE
STREET ADDRESS	9250 127TH DR.
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	S V.P.
NAME	BENNETT, PATTY
STREET ADDRESS	PO BOX 335
CITY-ST-ZIP	LIVE OAK, FL 32064

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03/16/06-80002-018 61.25

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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: Pauline F. Cogdill, Treasurer 3-3-06 386 362 1459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pauline F. Cogdill, Treasurer