

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # 760124	
1. Entity Name SUWANNEE COUNTY FRIENDS OF THE LIBRARY, INC.	
Principal Place of Business C/O BETSY BERGMAN 1848 OHIO AVE., SOUTH LIVE OAK, FL 32060	Mailing Address C/O BETSY BERGMAN 1848 OHIO AVE., SOUTH LIVE OAK, FL 32060



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3001074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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, 2008**

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

U000000776459
01/09/08-80024-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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* *Pauline F. Cogdill, Treas. 1-7-08 386 342 1457*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #