

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769095

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** FRIENDS OF THE LIBRARY OF JEFFERSON COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

375 N. SUNSET DR.  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

375 N. SUNSET DR.  
MONTICELLO, FL 32344

**New Mailing Address:**

FEI Number: 59-2423109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANKS, CARL  
375 N. SUNSET DR.  
MONTICELLO, FL 32344 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 ( ) Delete  
Name: HANKS, CARL  
Address: 375 N SUNSET DR.  
City-St-Zip: MONTICELLO, FL 32344

Title: VP ( ) Delete  
Name: BURKHART, ARNOLD  
Address: 310 E. DOGWOOD ST.  
City-St-Zip: MONTICELLO, FL 32344

Title: S ( ) Delete  
Name: ROBINSON, ELIZABETH  
Address: 1020 E. PEARL ST.  
City-St-Zip: MONTICELLO, FL 32344

Title: T ( ) Delete  
Name: GREENWOOD, G GENE  
Address: 485 N CHERRY CT  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARL HANKS

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date