

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769095

**FILED**  
**Apr 05, 2010**  
**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:**

375 N SUNSET DRIVE  
MONTICELLO, FL 32344

**Current Mailing Address:**

375 N. SUNSET DR.  
MONTICELLO, FL 32344

**New Mailing Address:**

375 N SUNSET DRIVE  
MONTICELLO, FL 32344

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

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

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

Title: T  
Name: HILDRETH, TIMOTHY F  
Address: 1285 MAGNOLIA AVE  
City-St-Zip: MONTICELLO, FL 32344

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: TIMOTHY F. HILDRETH

T

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date