

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90081 033 ****61.25

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1. Entity Name

FRIENDS OF FAMU LIBRARIES, INC.



Principal Place of Business

COLEMAN LIBRARY - ROOM 315
FLORIDA A&M UNIVERSITY
TALLAHASSEE, FL 32307

Mailing Address

COLEMAN LIBRARY - ROOM 315
FLORIDA A&M UNIVERSITY
TALLAHASSEE, FL 32307



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3721950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, MARGARET B
273 MARTIN RD
MONTICELLO, FL 32344

**DO NOT WRITE
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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, MARGARET B
STREET ADDRESS	273 MARTIN RD
CITY - ST - ZIP	MONTICELLO, FL 32344
TITLE	VD
NAME	BYRD, CLINTON F
STREET ADDRESS	6496 S. WINDWOOD HILLS CIR
CITY - ST - ZIP	TALLAHASSEE, FL 323119322
TITLE	S
NAME	MANNING, EVA
STREET ADDRESS	606 FAMCEE
CITY - ST - ZIP	TALLAHASSEE, FL 32310
TITLE	TD
NAME	HENRY, PRISCILLA
STREET ADDRESS	RT 3 BOX 141-B1
CITY - ST - ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Clinton F. Byrd
CLINTON F. BYRD

2/10/05 (80) 212-8574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #