2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008184

1. Entity Name
FRIENDS OF FAMU LIBRARIES, INC.

Principal Place of Business	Mailing Address
COLEMAN LIBRARY - ROOM 315 FLORIDA A&M UNIVERSITY TALLAHASSEE, FL 32307	COLEMAN LIBRARY - ROOM 315 FLORIDA A&M UNIVERSITY TALLAHASSEE, FL 32307

04062006 No Chg-NP CR2E037 (11/05)

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 _____ 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	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	

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04/29/06-80228-005 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: Clinton F Byrd CLINTON F. BYRD 4/6/06 (850)422-8756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #