FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:35

DOCUMENT # N03963 (8)

1. Corporation Name
DIXIE COUNTY FRIENDS OF THE LIBRARY, INC.

Principal Place of Business	Mailing Address
BARBER & LEON STREET P.O. BOX 778 CROSS CITY FL 32680	BARBER & LEON STREET P.O. BOX 778 CROSS CITY FL 32680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1984
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2426890 — ☐ Applied For ☑ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 Library in Cross City,	26 P.O. Box 778
22 P.O. Box 778	27 Cross City, FL 32628
23 Cross City, FL	28 Cross City, FL
24 Zip 32628-0778 25 Country Dixie	29 Zip 32628-0778 30 Country Dixie

9. Name and Address of Current Registered Agent

SMITH, BETTY D
P.O. BOX 583 105 DEWATER LANE
OLD TOWN FL 32680

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 105 Dewater Lane
83
84 City: Old Town FL 85 Zip Code: 32680

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, type or printed name of registered agent, and title if applicable) (Date) (Registered Agent's signature required when changing agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A, B, C)	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MILLS, JOANNE	12 NAME	
STREET ADDRESS	RT. 2 BOX 61	13 STREET ADDRESS	
CITY ST ZIP	OLD TOWN FL	14 CITY ST ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, BETTY	22 NAME	
STREET ADDRESS	P.O. BOX 583 105 DEWATER LANE N/A	23 STREET ADDRESS	
CITY ST ZIP	OLD TOWN FL 32680	24 CITY ST ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	HOCH, DAWN	32 NAME	
STREET ADDRESS	RED FOX ROAD	33 STREET ADDRESS	
CITY ST ZIP	OLD TOWN FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty D. Smith — Jan 29, 1995 — 904-542-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone Number

0030317