

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03963 (8)

1. Corporation Name

DIXIE COUNTY FRIENDS OF THE LIBRARY, INC.



Principal Place of Business

Mailing Address

LIBRARY IN CROSS CITY
P O BOX 778
CROSS CITY FL 32628-0078
US

P O BOX 778
P.O. BOX 778
CROSS CITY FL 32628-0078
US

3. Date Incorporated or Qualified
06/29/1984

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BETTY D
105 DEWATER LANE
OLD TOWN FL 32680

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Betty D. Smith (Ms. B. Smith)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
MILLS, JOANNE
RT. 2 BOX 61
OLD TOWN FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Ann Cheek BAILLARD
P.O. Box 1176 Hwy 351 N.
CROSS CITY, FLA. 32628

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVT
SMITH, BETTY
P O BOX 583 105 DEWATER LANE N/A
OLD TOWN FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Cecelia Underhill
Hwy. 351 P.O. Box 2056
CROSS CITY, FLA 32628

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
HOCH, DAWN
RED FOX ROAD
OLD TOWN FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SKIPPER K. JONES
P.O. Box 508
CROSS CITY, FLA. 32628

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1/Betty HURST
P.O. Box 1300
Old Town, FLA 32680

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

400001780624
-04/15/96--01077--018
***61.25

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Joe Hubert Allen
Cty. Courthouse
CROSS CITY, FLA. 32628

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

4-15-96 JR

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GRETA Daughday
Rt. 2, Box 789
Old Town, FLA. 32806

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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)(k), 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 (Ms. B. Smith) Feb 6, 1996 (904) 352-542-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)