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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32628-0778
US

3. Date Incorporated or Qualified
06/29/1984

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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.

NATURE

Betty Smith (MRS. F.T. Smith, Jr.)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D ☐ DELETE
ADDRESS BALLARD, ANN C
P.O. BOX 1176 HIGHWAY 351 N N A
CROSS CITY FL 32628

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

DS ☐ DELETE
NAME HOCH, DAWN
STREET ADDRESS RED FOX ROAD
CITY-ST-ZIP OLD TOWN FL

T ☐ DELETE
NAME HURST, BETTY
STREET ADDRESS P.O. BOX 1300 N A
CITY-ST-ZIP OLD TOWN FL 32680

T ☐ DELETE
NAME ALLEN, JOE H
STREET ADDRESS CTY COURTHOUSE
CITY-ST-ZIP CROSS CITY FL 32628

T ☐ DELETE
NAME DAUGHDAY, GRETIN
STREET ADDRESS RT. 2 BOX 789 N A
CITY-ST-ZIP OLD TOWN FL 32806

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Smith 3/25/97

Date

Daytime Phone # 0011842

CR2E037 (9/96)