SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02 1999 8:00am
Secretary of State

DOCUMENT # N03963

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

08/02/99 90005 086 61.25

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/20/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2426890 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BALLARD, ANN C		1.2 NAME	
STREET ADDRESS	P.O. BOX 1176 HIGHWYA 351 N N A		1.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL 32628		1.4 CITY-ST-ZIP	
TITLE	DVT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, BETTY		2.2 NAME	
STREET ADDRESS	P O BOX 583 105 DEWATER LANE N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	HOCH, DAWN		3.2 NAME	
STREET ADDRESS	RED FOX ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HURST, BETTY		4.2 NAME	
STREET ADDRESS	P.O. BOX 1300 N A		4.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32680		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, JOE H		5.2 NAME	
STREET ADDRESS	CTY COURTHOUSE		5.3 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL 32628		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DAUGHDAY, GRETIN		6.2 NAME	
STREET ADDRESS	RT. 2 BOX 789 N A		6.3 STREET ADDRESS	
CITY-ST-ZIP	OLD TOWN FL 32606		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Betty D. Smith 7/29/99 542-767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #