


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000011585</b> 1. Entity Name <b>FRIENDS OF THE STATE LIBRARY AND ARCHIVES OF FLORIDA, INC.</b>	
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Principal Place of Business <b>500 SOUTH BRONOUGH STREET R.A. GRAY BUILDING TALLAHASSEE, FL 32399</b>	Mailing Address <b>500 SOUTH BRONOUGH STREET R.A. GRAY BUILDING TALLAHASSEE, FL 32399</b>
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02192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3900938</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>MILLER, ALLEN R. 500 SOUTH BRONOUGH STREET R.A. GRAY BUILDING TALLAHASSEE, FL 32399</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000664115

03/22/07-80030-025 61.25

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ALLEN R 2222 COLONIAL ROAD., SUITE 200 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN, SHARON 3916 WOOD GREEN WAY TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, DORIS J 645 YUCCA ROAD NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Sharon D. Hartman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-07**  
Date

**850 893-3904**  
Daytime Phone #

*Sharon D. Hartman*