

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000011585

1. Entity Name
**FRIENDS OF THE STATE LIBRARY AND ARCHIVES OF
FLORIDA, INC.**



Principal Place of Business
**500 SOUTH BRONOUGH STREET
R.A. GRAY BUILDING
TALLAHASSEE, FL 32399**

Mailing Address
**500 SOUTH BRONOUGH STREET
R.A. GRAY BUILDING
TALLAHASSEE, FL 32399**



04282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**MILLER, ALLEN R.
500 SOUTH BRONOUGH STREET
R.A. GRAY BUILDING
TALLAHASSEE, FL 32399**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MILLER, ALLEN R
STREET ADDRESS 2222 COLONIAL ROAD., SUITE 200
CITY- ST- ZIP FORT PIERCE, FL 34950

TITLE D
NAME HARTMAN, SHARON
STREET ADDRESS 3916 WOOD GREEN WAY
CITY- ST- ZIP TALLAHASSEE, FL 32309

TITLE D
NAME LEWIS, DORIS J
STREET ADDRESS 645 YUCCA ROAD
CITY- ST- ZIP 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:

Judith A Ring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trustee

4/28/08
Date

(252) 245-6603
Daytime Phone #