2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N06000000028

1. Entity Name

FRIENDS OF THE BRYCEVILLE BRANCH PUBLIC



FILED May 04, 2007 8:00 am Secretary of State

05-04-2007 90075 023 ****61.25



LIBRANT, INC.				COD WI	TRANS				
Principal Place of Business Mailing Address									
7280 MOTES ROAD 72		7280 MOTES ROAD	BRYCEVILLE BRANCH PUBLIC LIBRARY 7280 MOTES ROAD BRYCEVILLE FL 32009						
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	. Mailing Address						
Suite, Apt. #, ctc.		Suite, Apt. #, etc.				1st MOORE CR2E037 (10/06)			
City & State		City & State				4. FEI Number 14-1947404			pplied For
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Nar	Registered Agent	Agent			7. Name and Address of New Registered Agent				
				Name					
STEPHENS, CALVIN 1907 RIDGEWOOD DRIVE			<u> </u>		Street Address (P.O. Box Number is Not Acceptable)				
FERNANDI	4								
				City				FL Zip Coo	de
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, lynead or printed name of registered agent and title if applicable (NOT). (sugestered Agent signature required when reusstating).									
FILE NO Due I		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Ch Florida De	eck Payable partment of	to State	
10.	RECTORS	11.		Δ	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	V 10	
SIREET ADDRESS 9586 CC	REGENA DUNTY ROAD 121 (ILLE FL 32009	⊠ Delele	, THEF NAME STREET CHY-S	LADDRESS .	D 5988 BRVC	PICARD PRINGLE LEVILLE, I	ROAD	⊠ Change	Addition
SIRFET ADDRESS 3009 EA	MAN, ANN STWOOD DRIVE VILLE FL 32009	⊠ Delele	TITLE NAME STREET CITY S			MCCUBB OLD KAY TO CEVILLE, FL		⊠ Change	Addition
SIRIET ADDRESS 13696 U	N, CHARLES P .S. HWY 301 (ILLE FL 32009	☐ Dolete	ITTEE NAME STREET COTY S	LADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition
NAME STREET ADDRESS CHY-SL-ZIP		□ Deleie	IIIII NAMI SIREET CIIY S	I ADDRESS SI ZIP				☐ Change	Addition
NAMI- STRLET ADDRESS CITY S1-ZIP		☐ Delete	THE NAME STREET CHY S	I ADORESS ST. ZIP				☐ Change	Addition
THE NAMI. STREET ADORESS CITY ST-7IP		☐ Delete	HITE NAME STREET CITY S	FADORLSS ST ZIP				☐ Change	Addition
	the information augustical wi								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

119. Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes. I further certify that the information indicated in Section 119, Florida Statutes in Section 119, Florida Statutes