


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90124 005 \*\*\*\*70.00

<b>DOCUMENT # N06000006808</b> 1. Entity Name <b>FRIENDS OF THE HOLMES COUNTY FLORIDA LIBRARY, INC</b>					
Principal Place of Business <b>303 N. JAY HARVEY ETHERIDGE ST BONIFAY, FL 32425</b>			Mailing Address <b>303 N. J HARVEY ETHERIDGE ST BONIFAY, FL 32425</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-5098829</div>	
City & State  Zip		City & State  Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARRIS, SUSAN 303 N J HARVEY ETHERIDGE ST BONIFAY, FL 32425</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 _____					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>LEAVINS, ANN 303 N LAY HARVEY ETHRIDGE ST BONIFAY, FL 32425</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>HARRIS, SUSAN 303 N JAY HARVEY ETHRIDGE ST BONIFAY, FL 32425</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>TREADWELL, ELIZABETH 303 N J HARVEY ETHRIDGE BONIFAY, FL 32425</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>CLARK, JOSEPH 303 N J HARVEY ETHRIDGE BONIFAY, FL 322425</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>BELFORD, BARBARA 303 N J HARVEY ETHRIDGE ST BONIFAY, FL 32425</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>TAYLOR, GLORIA 303 J HARVEY ETHRIDGE ST BONIFAY, FL 32425</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: <i>Susan Harris</i> Susan Harris Director 07/12/07 850-547-3573</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40125130



07102007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D ☐ Delete

LEAVINS, ANN

303 N LAY HARVEY ETHRIDGE ST

BONIFAY, FL 32425

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D ☐ Delete

HARRIS, SUSAN

303 N JAY HARVEY ETHRIDGE ST

BONIFAY, FL 32425

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D ☐ Delete

TREADWELL, ELIZABETH

303 N J HARVEY ETHRIDGE

BONIFAY, FL 32425

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D ☐ Delete

CLARK, JOSEPH

303 N J HARVEY ETHRIDGE

BONIFAY, FL 322425

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D ☐ Delete

BELFORD, BARBARA

303 N J HARVEY ETHRIDGE ST

BONIFAY, FL 32425

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D ☐ Delete

TAYLOR, GLORIA

303 J HARVEY ETHRIDGE ST

BONIFAY, FL 32425

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D ☐ Delete

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SIGNATURE: *Susan Harris* Susan Harris Director 07/12/07 850-547-3573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #