2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0600006808 1. Entity Name FRIENDS OF THE HOLMES COUNTY FLORIDA LIBRARY, INC					07-	-16-2007 90	124 005 ****70.0	O
Principal Place of Business 303 N. JAY HARVEY ETHERIDGE ST BONIFAY, FL 32425		Mailing Address 303 N. I HARVEY ETHERIDGE ST BONIFAY, FL 32425		4012		: 	igi al Inti	
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07102007 CI	ng-NP	CR2E037 (12/06)		
City & State		City & State		4 FEI Number	0-50988	1 1 1	plied For Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate of St		S8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Ro	egistered Agent	
HARRIS, S	CHEAN			Name				
	ARVEY ETHERIDGE ST			Street Address (P.O. Box Number is Not Acceptable)				
·				City		· · · · · · · · · · · · · · · · · · ·	₽ ∎ Zip Code	•
			l				FL.	
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registere	ed office or regist	tered agent, or both, in	the State of Flo	rida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and site if applicable. (NOT	E: Registeres	d Agent signature requir	red when reinstating)		DATE	
		and site if applicable. (NO) 9. Election Ca. Trust Fund	mpaign Fi	inancing	\$5.00 May Be Added to Fees		DATE ake check payable to ida Department of St	
	Signature, typed or printed name of registered agent	9. Election Ca Trust Fund	mpaign Fi	inancing	\$5.00 May Be Added to Fees	Flori	ake check payable to	ate
Dı	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 14, 2007	9. Election Ca Trust Fund	mpaign Fi	inancing ion.	\$5.00 May Be Added to Fees	Flori	ake check payable to ida Department of Si	ate
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12. Thereby certify that the information supplied with this filling 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 eath; 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: Disector 07/12/07 850-547-357-