

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006808

1. Entity Name
**FRIENDS OF THE HOLMES COUNTY FLORIDA LIBRARY,
INC**



Principal Place of Business
**303 N. JAY HARVEY ETHERIDGE ST
BONIFAY, FL 32425**

Mailing Address
**303 N. J HARVEY ETHERIDGE ST
BONIFAY, FL 32425**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5098829	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HARRIS, SUSAN
303 N J HARVEY ETHERIDGE ST
BONIFAY, FL 32425**

**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**

11000000914983

05/08/08-80079-003 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVINS, ANN 303 N LAY HARVEY ETHRIDGE ST BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, SUSAN 303 N JAY HARVEY ETHRIDGE ST BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREADWELL, ELIZABETH 303 N J HARVEY ETHRIDGE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JOSEPH 303 N J HARVEY ETHRIDGE BONIFAY, FL 322425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELFORD, BARBARA 303 N J HARVEY ETHRIDGE ST BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GLORIA 303 J HARVEY ETHRIDGE ST BONIFAY, FL 32425

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Susan Harris **Susan Harris Director** **04/17/08** **850-547-3573**