## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N06000009180 THE FRIENDS OF TAYLOR COUNTY PUBLIC LIBRARY. OR JAN 16 AM 8:54 Principal Place of Business Mailing Address SEUNLIARY of Sign **403 N WASHINGTON STREET 403 N WASHINGTON STREET** TALLAHASSEE, FLORIDA PERRY, FL 32347 PERRY, FL 32347 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (12/06) 01102008 Chg-NP Applied For 4. FEI Number 59-3127555 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSS, JAMES B 3566 DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) PERRY, FL 32348-6478 City 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TM F □ Delete TITL E ☐ Change GROSS, JAMES B NAME NAME \*\*\*61 \*\*\*\*61 \*\*\*\*61 \*\*\*\*61 3566 DIXIE HWY STREET ADORESS STREET ADDRESS \*\*61.25 CITY-ST-ZIP PERRY, FL 32348 CITY-ST-ZIP Delete Change TITLE TITLE ■ Addition RIVERA, SHEILA "SONNIE" 603 N. FAULKNER STREET COLON, CARLOS A NAME NAME 200 W OAK STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PERRY, FL 32347** CITY-ST-ZIP PERRY, FL 32347 Change Delete TITLE me ☐ Addition VIOLA, MARK NAME LEDDEN, ATHENA 3384 SLAUGHTER ROAD **PO BOX 116** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRY, FL 32348 CITY-ST-ZIP PERRY, FL 32347 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. \_\_ JAMES B. GROSS JANUARY 10, 2008 (850) 584-7690 SIGNATURE: UNITED NAME OF SIGNING OFFICER OR DIRECTOR