

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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1. Entity Name

FRIENDS OF NASSAU COUNTY LIBRARY, INC.



Principal Place of Business

Mailing Address

-25 NORTH 4TH STREET FERNANDINA BEACH, FL 32034-4127 25 NORTH 4TH STREET

FERNANDINA BEACH, FL 32034-4127



DO NOT WRITE IN THIS SPACE

01092007 No Chg-NP CR

CR2E037 (4/06)

4. FEI Number 59-2673249

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SAYER, JULIAN 2398 SADLAR RD FERNANDINA BEACH, FL 32034

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	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State	of Florida. I am f	amiliar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	i Agemi signatura	required when reinstating)		DATE		
	Filing Fee is \$61,25 Due by May 1, 2007	9. Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees				i
10.	OFFICERS AND DIREC	CTORS		J. 19. 19. 19. 19. 19. 19.	. 311	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TODD, CHARLENE 1702 INNERNESS RD FERNANDINA BEACH, FL 32034			The state of the s	U	0000059077 3707-80071		200
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR SZYNAKA, ED 1881 FLOYD ST FERNANDINA BEACH, FL 32034		The second secon					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAUER, JULIAN 2398 SADLER ROAD FERNANDINA BEACH, FL 32034			DO	NOT	WRITE	A THE PROPERTY OF THE PROPERTY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KURTZ, RON 1619 REGATTA DRIVE AMELIA ISLAND, FL 32034			IN.	ACRES OF STATE	SPACE	The state of the s	A COMMON
TITLE NAME STREET ADDRESS CITY-ST-ZIP				A CONTRACTOR OF THE STATE OF TH		A CONTRACTOR		

12. I hereby 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 oath: that I am an officer or director of the corporation or the receiver or furstee 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:

THTLE NAME STREET ADDRESS CHY-ST-ZIP

DRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

In consumed

1 8/07

904-261-7803

Daytime Phone #