FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26273 (5)

1. Corporation Name
FRIENDS OF THE LIBRARY OF GILCHRIST COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
105 NE 11TH AVENUE P.O. BOX 532 TRENTON FL 32693-0532	105 NE 11TH AVENUE P.O. BOX 532 TRENTON FL 32693-0532

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1988
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-2923116 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

AMES, SUZANNE
RT 1 BOX 355
TRENTON FL 32693

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	DOWNING, SIBYL	1.2 NAME		
STREET ADDRESS	409 SW 2 AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HEFFNET, MARY JO	2.2 NAME	FTEY, KENNETH	
STREET ADDRESS	P.O. BOX 1034 N/A	2.3 STREET ADDRESS	RT.1, Box 368	
CITY-ST-ZIP	TRENTON FL 32693	2.4 CITY-ST-ZIP	BELL FL 32619	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	TOWNSEND, ROSI L.	3.2 NAME		
STREET ADDRESS	P.O. BOX 209, 325 SW 2ND AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL 32693	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	AMES, SUZANNE	4.2 NAME	DA COSTA, JEAN	
STREET ADDRESS	RT 1 BOX 355	4.3 STREET ADDRESS	RT. 1, BOX 1598	
CITY-ST-ZIP	TRENTON FL 32693	4.4 CITY-ST-ZIP	TRENTON, FL 32693	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CARLISLE, MEVAREE	5.2 NAME		
STREET ADDRESS	RT 2 BOX 115C	5.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL 32693	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHOFIELD, ANNA M.	6.2 NAME		
STREET ADDRESS	P.O. BOX 967 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON FL 32693	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean L da Costa 4/20/1995 904-463-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jean L. da Costa

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