


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90023 007 \*\*\*\*61.25

DOCUMENT # N31305 1. Entity Name FRIENDS OF THE WASHINGTON COUNTY LIBRARY INC.					
Principal Place of Business 1444 JACKSON AVE. CHIPLEY FL 32428 US		Mailing Address 1444 JACKSON AVE. CHIPLEY FL 32428 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2933768	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  NELSON, CATHERINE 1119 CLAYTON RD. CHIPLEY FL 32428				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, CATHERINE		NAME	<del>POPPER</del> POTTER, JANE	
STREET ADDRESS	1119 CLAYTON RD.		STREET ADDRESS	1460 OLD BONIFAY RD	
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERS, KATHRYN		NAME	ROSS, INGA	
STREET ADDRESS	1215 COURT AVE.		STREET ADDRESS	3296 ORANGE HILL RD	
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	V	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MERLE		NAME	PORTER, LEOLA	
STREET ADDRESS	1973 CANE MILL RD		STREET ADDRESS	1205 RICHTER RD	
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP	COTTONDALE, FL 32431	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, NELL		NAME	HENDERS, KATHRYN	
STREET ADDRESS	1927 HWY 77		STREET ADDRESS	1215 COURT AVE	
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRARY, RUTH		NAME		
STREET ADDRESS	1100 FALLING WATERS RD		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP		
TITLE	X T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, LEOLA		NAME		
STREET ADDRESS	1205 RICHTER RD.		STREET ADDRESS		
CITY-ST-ZIP	COTTONDALE FL 32431		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>LEOLA PORTER - Leola Porter</u> 4-14-07 850 6381703					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					