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 27 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000199 (1)**

1. Corporation Name
THE LIBRARY FOUNDATION OF JEFFERSON COUNTY, INC.

Principal Place of Business	Mailing Address
260 NORTH CHERRY STREET MONTICELLO FL 32344	260 NORTH CHERRY STREET MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3164423 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PLAINES, ROBERT R 215 NORTH JEFFERSON STREET MONTICELLO FL 32344	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Add
NAME	WIDEMAN, NANCY	1.2 NAME	
STREET ADDRESS	1100 EAST PEARL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	TALTON, DAVID	2.2 NAME	
STREET ADDRESS	ONE EAST DOGWOOD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HOUSTON, GRANT	3.2 NAME	
STREET ADDRESS	1240 N. JEFFERSON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	3.4 CITY-ST-ZIP	
TITLE	BMD	4.1 TITLE	☐ Change ☐ Addition
NAME	STONE, HAL	4.2 NAME	
STREET ADDRESS	200 EAST WASHINGTON STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	4.4 CITY-ST-ZIP	
TITLE	BMD	5.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, CAY	5.2 NAME	
STREET ADDRESS	3303 THOMASVILLE ROAD, SUITE 201	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	BM	6.1 TITLE	☐ Change ☐ Addition
NAME	PLAINES, BOBBY	6.2 NAME	
STREET ADDRESS	215 N. JEFFERSON STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	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: Nancy Wideman Nancy Wideman 4/21/1995 904-997-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002373