


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32344-1925

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

3. Date Incorporated or Qualified 11/03/1992	3a. Date of Last Report 04/17/1996
4. FEI Number 59-3164423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
PLAINES, ROBERT R 215 NORTH JEFFERSON STREET MONTICELLO FL 32344	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 RE Nancy Wideman 4-24-97 999-0517

CR2E037 (9/96)