FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

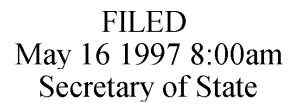
Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT

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THE LIBRARY FOUNDATION OF JEFFERSON COUNTY, INC.

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260 NORTH CHERRY STREET	





Principal Place of Business Mailing Address 260 NORTH CHERRY STREET 260 NORTH CHERRY STREET									
MONTICELLO FI		260 NORTH CHERRY STRE MONTICELLO FL 32344-18							
						3. Date incorporated or Qualified 11/03/1992		e of Last R 4/17/199	
2. Principal P	lace of Business	2a. Mailing Address			· · · · · · · ·	4. FEI Number 59-3164423	<u></u>	A	oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
City & State	9	City & State			Fee Required S. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country			B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Tyes No			
24	9. Name and Address of Current	29] Registered Agent	30	1		Florida Statutes 10. Name and Address of New Reg			
				81	Name				
PLAINES	, robert r			62	Street Ad	idress (P.O. Box Number Is Not Acceptab	le)		
215 NORTH JEFFERSON STREET				83			.~,		
MONTICE	ELLO FL 32344								
ı				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	les, the a	bove	-named co	proprietion submits this statement for the pration's board of directors. I hereby accept		hanging it	s registered
agent la	m familiar with, and accept the obligat	ions of, Section 617.0503, Fl	orida Sta	tutes	i ilie corpor	ration's board of directors, I hereby accep	ir nie stbbo	mment as	registered
SIGNATURE	Slocatius hand or protect name of reactived many	and title if englishing thirt	C Pacinter	7.	at planet so and	quired when reinstating)	DATE		
12.	Signature: typed or punted name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS			u nge	il egnatore rec	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
TITLE	DC	☐ DELETE	1.1 7	ITLE			[Change	Addition
NAME	WIDEMAN, NANCY		1.2 N	IAME	1				
STREET ADDRESS	1100 EAST PEARL STREET		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP TITLE	MONTICELLO FL 32344	DELETE		ITY-S	T-ZIP			Change	Addition
NAME	TD Talton, David	("") DETELE	2.1 T				ı	Change	L ADDITION
STREET ADDRESS	ONE EAST DOGWOOD STREE	Т	ľ		ADDRESS	N.	٠		
CITY-ST-ZIP	MONTICELLO FL 32344	•			ST-ZIP				
TITLE	SD	☐ DELETE	3.1 T	_				Change	Addition
NAME	HOUSTON, GRANT		32 N	IAME					
STREET ADDRESS	1240 N. JEFFERSON STREET		3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MONTICELLO FL 32344	☐ DELETE		**********************	ST-21P			Chanas	B adadis la co
TITLE NAME	BMD Stone, Hal	☐ nercit	41 T	VAME			L	Change	
STREET ADDRESS		er e			ADDRESS				
CITY-ST-ZIP	MONTICELLO FL 32344	7 0 0 7		ITY-S	1				
TITLE	BMD	☐ DELETE	5.1 T					Change	Addition
NAME	CURTIS, CAY		52 N	IAME	l				
STREET ADDRESS	3303 THOMASVILLE ROAD, SU	ITE 201	5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL	- Bereye		ITY-S	T-21P			-	
THLE	BM DIAINICO BODDY	☐ DELETE	61 T		1		Ĺ	Change	Addition
NAME CTREET ACCRECE	PLAINES, BOBBY		62 N		- DDurce				
STREET ADDRESS	215 N. JEFFERSON STREET MONTICELLO FL 32344		1		ADDRESS 7. 740				
CITY-ST-ZIP	MUNTIUELLU FL JEJYY		0.4 0	ITY-S	I-ZIP				

14. I do hereby certify that the information supplied with this filling 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: Many Midwan HE Many I'Wideman

997-0517