

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90029 002 \*\*\*\*61.25

**DOCUMENT # N93000000702**

**1. Entity Name**

THE FRIENDS OF THE CLAY COUNTY HEADQUARTERS  
LIBRARY, GREEN COVE SPRINGS, FL, INC.



**Principal Place of Business**

403 FERRIS ST  
GREEN COVE SPRINGS, FL 32043

**Mailing Address**

403 FERRIS ST.  
GREEN COVE SPRINGS, FL 32043



03262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

59-3160535

**Applied For**

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

JONES, CHARENE  
403 FERRIS ST  
GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE  
IN THIS SPACE**

**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**

CHARENE JONES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2008**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

MARCH 27, 2008

**10. OFFICERS AND DIRECTORS**

**TITLE** PTD  
**NAME** CHARENE JONES  
**STREET ADDRESS** 403 FERRIS STREET  
**CITY-ST-ZIP** GREENCOVE SPRINGS, FL 32043

**TITLE** STD  
**NAME** CARYL MARSHALL  
**STREET ADDRESS** 403 FERRIS STREET  
**CITY-ST-ZIP** GREENCOVE SPRINGS, FL 32043

**TITLE** D  
**NAME** BEVERLY L. JONES  
**STREET ADDRESS** 403 FERRIS STREET  
**CITY-ST-ZIP** GREEN COVE SPRINGS, FL 32043

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

Caryl Marshall CARYL MARSHALL

3/27/08

904

284-8760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #