

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004122

FILED
Apr 29, 2004
Secretary of State

Entity Name: FRIENDS OF THE FRANKLIN COUNTY PUBLIC LIBRARY, INC.

Current Principal Place of Business:

29 ISLAND DR
POINT MALL UNIT #3
EASTPOINT, FL 32328 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 722
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 59-3142240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, CLIFF
145 N. BAYSHORE DRIVE
EASTPOINT, FL 323280411 US

Name and Address of New Registered Agent:

BUTLER, CLIFF
145 N. BAYSHORE DRIVE
P. O. BOX 411
EASTPOINT, FL 323280411 US

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.

SIGNATURE:

04/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BUTLER, CLIFF
Address: 145 BAYSHORE DR
City-St-Zip: EASTPOINTE, FL

Title: DS () Delete
Name: ROBERTS, BETTY
Address: 3 PARKER AVENUE
City-St-Zip: LANARK VILLAGE, FL 32323

Title: DT () Delete
Name: HINTON, CHRISTIN
Address: 112 HINTON STREET
City-St-Zip: LANARK VILLAGE, FL 32323

Title: DV () Delete
Name: MORRIS, MARION
Address: 112 NE AVENUE A
City-St-Zip: LANARK VILLAGE, FL 32323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFF BUTLER

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date