

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 8:00 am
Secretary of State

01-06-2006 90001 002 ****61.25

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



Principal Place of Business
**29 ISLAND DR
POINT MALL UNIT #3
EASTPOINT, FL 32328 US**

Mailing Address
**P.O. BOX 722
EASTPOINT, FL 32328**

60000169



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3142240

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, CLIFF
145 N. BAYSHORE DRIVE
P. O. BOX 411
EASTPOINT, FL 32328-0411**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BUTLER, CLIFF
145 BAYSHORE DR
EASTPOINTE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP Estes, Joyce
PO Box 585
Eastpoint, FL 32328 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
ROBERTS, BETTY
3 PARKER AVENUE
LANARK VILLAGE, FL 32323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS Rosenthal, Elaine
225 W 8th Street
St. George Island, FL 32328 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
HINTON, CHRISTIN
112 HINTON STREET
LANARK VILLAGE, FL 32323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT Butler, Cliff
PO Box 411
Eastpoint, FL 32328 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MORRIS, MARION
112 NE AVENUE A
LANARK VILLAGE, FL 32323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV Hinton, Christin
PO Box 305
Carrabelle, FL 32322 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

Cliff Butler **Cliff Butler**

1/5/06

850-670-8151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #