

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004122

FILED  
Apr 29, 2007  
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  
P. O. BOX 411  
EASTPOINT, FL 323280411 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: BUTLER, CLIFF  
Address: P O BOX 411  
City-St-Zip: EASTPOINT, FL 32328

Title: DS ( ) Delete  
Name: ROSENTHAL, ELAINE  
Address: 225 W 8TH STREET  
City-St-Zip: EASTPOINT, FL 32328

Title: DV ( ) Delete  
Name: HINTON, CHRISTIN  
Address: P O BOX 305  
City-St-Zip: CARRABELLE, FL 32322

Title: DP ( ) Delete  
Name: ESTES, JOYCE  
Address: P O BOX 585  
City-St-Zip: EASTPOINT, FL 32328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DT (X) Change ( ) Addition  
Name: BUTLER, CLIFF  
Address: 145 NORTH BAYSHORE DRIVE  
City-St-Zip: EASTPOINT, FL 32328

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

Title: DV (X) Change ( ) Addition  
Name: HINTON, CHRISTIN  
Address: 112 HINTON STREET  
City-St-Zip: CARRABELLE, FL 32322

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

TREA

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date