

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004778

FILED
Apr 30, 2004
Secretary of State

Entity Name: FRIENDS OF SUMTER LIBRARIES, INC.

Current Principal Place of Business:

1405 C.R. 526-A
SUMTERVILLE, FL 33585

New Principal Place of Business:

1425 C.R. 526-A
SUMTERVILLE, FL 33585

Current Mailing Address:

1405 C.R. 526-A
SUMTERVILLE, FL 33585

New Mailing Address:

1425 C.R. 526-A
SUMTERVILLE, FL 33585

FEI Number: 59-3468040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHODES GIBSON, DEBRA
1405 C.R. 526-A
SUMTERVILLE, FL 33585

Name and Address of New Registered Agent:

GIBSON, DEBRA
1425 C.R. 526-A
SUMTERVILLE, FL 33585

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: DEBRA RHODES GIBSON

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: RHODES GIBSON, DEBRA
Address: 1022 S APOPKA AVE
City-St-Zip: INVERNESS, FL 34452

Title: D (X) Delete
Name: STARNES, SYLVIA
Address: 3725 CR 400
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: D () Delete
Name: RUANO, BETSY
Address: 1405 CR 526-A
City-St-Zip: SUMTERVILLE, FL 33585

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: GIBSON, DEBRA
Address: 1022 S. APOPKA AVE
City-St-Zip: INVERNESS, FL 34452

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: DEBRA RHODES GIBSON

MD

04/30/2004

Electronic Signature of Signing Officer or Director

Date