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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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02-21-1999 90039 029 ****61.25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N98000000630

1. Corporation Name
FRIENDS OF THE CRESTVIEW LIBRARY, CRESTVIEW, FLO RIDA, INCORPORATED

Principal Place of Business	Mailing Address
805 HIGHWAY 90 EAST CRESTVIEW FL 32539	805 HIGHWAY 90 EAST CRESTVIEW FL 32539

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 PO Box 1972 (P.O.Box 1972)	02/02/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number: 59-3491763 (EIN number) ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State: Crestview, FL 32536 USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip / 25 Country	29 Zip / 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUGHES, GEORGIA M 467 E. BOWERS AVE. CRESTVIEW FL 32539	81 Name: Florence A. Lembeck 82 Street Address (P.O. Box Number is Not Acceptable): 6304 Possum Ridge Rd. 83 84 City: Crestview FL 85 Zip Code: 32539

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Florence A. Lembeck — DATE: Jan 6, 1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition P Florence A. Lembeck 6304 Possum Ridge Rd. Crestview, FL 32539
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition V Thomas Carter 6032 Bluebird Lane Crestview, FL 32539
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition T Pamela Crowley 931 E. Edney Ave. Crestview, FL 32539
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition D Richard Rogers 2788 Keats Drive, Crestview, FL 32539
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D Deane Worsham 4841 Bone Creek Rd., Holt, FL 32564
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE 02-21-1999 90039 029 61.25	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition D Melmer Lokey 105 Kipling Dr. Crestview, FL 32539

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Florence A. Lembeck — Jan 6, 1999 — 850 689-1535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)