

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90070 008 \*\*\*\*61.25

**DOCUMENT # N98000002690**

1. Entity Name  
FRIENDS OF LIBERTY COUNTY PUBLIC LIBRARY, INC.



Principal Place of Business  
537 SOUTH HIGHWAY 12  
BRISTOL, FL 32321

Mailing Address  
14043 NW CR 12  
BRISTOL, FL 32321-0697

40009627



01272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2975015

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BROWN, JOE  
RT.1 BOX 67D (BLUE CREEK ROAD)  
HOSFORD, FL 32334

**DO NOT WRITE  
IN THIS SPACE**

B. 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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
PICKRON, BOBBY  
HWY 125 P.O. BOX 243  
BRISTOL, FL 32321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVC  
MORAN, JACK  
RT 1 BOX 103  
BRISTOL, FL 32321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
TANNER, FONDA  
RT 3 BOX 266  
BRISTOL, FL 32321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
KEENAN, TOM  
14043 NW CR 12  
BRISTOL, FL 32321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/05 850 693 5225