
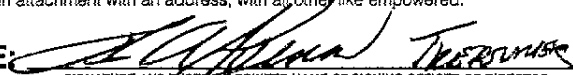


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
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		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/6/6</u> Daytime Phone # <u>850 643 5235</u>



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2975015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/11/06-80014-011 61.25