


**2007-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002690 1. Entity Name FRIENDS OF LIBERTY COUNTY PUBLIC LIBRARY, INC.	
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Principal Place of Business 537 SOUTH HIGHWAY 12 BRISTOL, FL 32321	Mailing Address 14043 NW CR 12 BRISTOL, FL 32321-0697
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2975015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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01/05/07-80006-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Thomas A Keenan TREAS 1/4/7 8506435235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #