


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002690</b> 1. Entity Name <b>FRIENDS OF LIBERTY COUNTY PUBLIC LIBRARY, INC.</b>	
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Principal Place of Business <b>537 SOUTH HIGHWAY 12 BRISTOL, FL 32321</b>	Mailing Address <b>14043 NW CR 12 BRISTOL, FL 32321-0697</b>
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01062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>BROWN, JOE RT.1 BOX 67D (BLUE CREEK ROAD) HOSFORD, FL 32334</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	

**DO NOT WRITE  
IN THIS SPACE**

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01/08/08-80037-010 61.25

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 **1/7/8** **850-643-5235**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #