

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006247

FILED
Apr 22, 2008
Secretary of State

Entity Name: FRIENDS OF THE GRACEVILLE BRANCH LIBRARY, INC.

Current Principal Place of Business:

5314 BROWN STREET
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 104
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-3609196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BONDURANT, FRANK E
4450 LAFAYETTE STREET
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REGISTER, JOETTE
Address: 1043 EVERETT RD
City-St-Zip: GRACEVILLE, FL 32440

Title: VD () Delete
Name: WINDSOR, JERRY MAE
Address: 5360 BROWN ST.
City-St-Zip: GRACEVILLE, FL 32440

Title: D () Delete
Name: TAYLOR, LOIS
Address: 5598 BROWN ST
City-St-Zip: GRACEVILLE, FL 32440

Title: D () Delete
Name: SEWELL, JANIE
Address: 1005 CHERRY ST
City-St-Zip: GRACEVILLE, FL 32440

Title: SD () Delete
Name: MURRELL, PHOEBE
Address: P.O. BOX 284
City-St-Zip: GRACEVILLE, FL 32440

Title: TD () Delete
Name: HINSON, BARBARA
Address: 4145 HWY 77
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WINDSOR, JERRY MAE
Address: 5360 BROWN ST
City-St-Zip: GRACEVILLE, FL 32440

Title: D (X) Change () Addition
Name: ADAMS, ELAINE
Address: 1119 11TH AVE.
City-St-Zip: GRACEVILLE, FL 32440

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HINSON

TREA

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date