

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006247

FILED  
Apr 17, 2009  
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 ( )

**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: WINDSOR, JERRY MAE  
Address: 5360 BROWN ST  
City-St-Zip: GRACEVILLE, FL 32440

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

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

Title: SD (X) Change ( ) Addition  
Name: MORGAN, MALISSA  
Address: P. O. BOX 761  
City-St-Zip: GRACEVILLE, FL 32440

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

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, NICK  
Address: 1180 10TH AVE.  
City-St-Zip: GRACEVILLE, FL 32440

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

TD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date