

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006247

FILED  
Mar 16, 2010  
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: P  
Name: MURRELL, PHOEBE  
Address: P.O. BOX 284  
City-St-Zip: GRACEVILLE, FL 32440

Title: VP  
Name: MORGAN, MELISSA  
Address: P.O. BOX 761  
City-St-Zip: GRACEVILLE, FL 32440

Title: S  
Name: GRAHAM, ANNE  
Address: 5368 EZELL STREET  
City-St-Zip: GRACEVILLE, FL 32440

Title: D  
Name: MIXSON, BARBARA  
Address: 5386 EZELL STREET  
City-St-Zip: GRACEVILLE, FL 32440

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

Title: T  
Name: ADAMS, ELAINE  
Address: 1119 11TH AVENUE  
City-St-Zip: GRACEVILLE, FL 32440

I hereby 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 all other like empowered.

SIGNATURE: ELAINE ADAMS

T

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date