

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006247

FILED
Jan 18, 2011
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

TREA

01/18/2011

Electronic Signature of Signing Officer or Director

Date