

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90003 022 \*\*\*150.00

<b>DOCUMENT # S00431</b> 1. Entity Name <b>FRIENDS OF THE LEON COUNTY PUBLIC LIBRARY GIFT SHOP, INC.</b>					
Principal Place of Business <b>200 WEST PARK AVENUE TALLAHASSEE, FL 32301-7716</b>			Mailing Address <b>1292 TIMBERLANE ROAD TALLAHASSEE, FL 32312</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2630 Centennial Place</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Tallahassee</b>		4. FEI Number <b>59-3033172</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32308</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
<b>-6- Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>MATLOCK, GEORGE V 1545 RAYMOND DIEHL RD 3D FLOOR TALLAHASSEE, FL 32317</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TILCOCK, RACHAEL 1292 TIMBERLANE RD TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RUPP, LESLIE 200 WEST PARK AVE TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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.					
<b>SIGNATURE:</b> <i>Rachael T. Tillock</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>2/18/08</b> Daytime Phone #: <b>(850) 893-8418</b>		