

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733460

Entity Name: FRIENDS OF THE COLUMBIA COUNTY PUBLIC LIBRARY, INC.**Current Principal Place of Business:**308 NW COLUMBIA AVE
LAKE CITY, FL 32055**Current Mailing Address:**308 NW COLUMBIA AVE
LAKE CITY, FL 32055**FEI Number:** 59-1647282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EVANS, KATRINA P.
308 NW COLUMBIA AVE
LAKE CITY, FL 32055 US*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:** KATRINA P. EVANS

03/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name TAYLOR, NANCY
Address 194 SE WOODHAVEN ST.
City-State-Zip: LAKE CITY FL 32024

Title SECRETARY
Name MORRIS, PATRICIA
Address 220 SE DEERWOOD GLEN
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name WOLSFELT, PEGGY
Address 318 SE PINE DR.
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name ROBINSON, MARY "DOLLY"
Address 392 NW OVERFLOW LAKE DR
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name MONTGOMERY, JAMES
Address 229 SE OLD MANSE GLEN
City-State-Zip: LAKE CITY FL 32025

Title PRESIDENT
Name FOURAKER-GARDNER, LAURA ANN
Address P.O. BOX 2081
City-State-Zip: LAKE CITY FL 32056-2081

Title DIRECTOR
Name BURKHARDT, KARL
Address P.O. BOX 7154
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name JOHNSON, DENISE E.
Address 592 SE DEFENDER DR.
City-State-Zip: LAKE CITY FL 32025

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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: LAURA ANN FOURAKER-GARDNER

PRESIDENT

03/04/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TURBEVILLE, RON E
Address P.O. BOX 830
City-State-Zip: LAKE CITY FL 32056

Title TREASURER
Name MATSUBARA, TINA
Address 489 NW BRIDGEWATER TERRACE
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name ANDRETTI, MARLEY
Address 950 SW MORNING STAR GLEN
City-State-Zip: FORT WHITE FL 32038

Title DIRECTOR
Name STREET, PATRICIA
Address 568 SW RATTLESNAKE GLEN
City-State-Zip: FORT WHITE FL 32038