

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

05/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name BORMOLINI, ANN
Address 359 SW BROTHERS LANE
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 REICHERT, WALLACE
Address 423 SW MONTGOMERY DR
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 BURKHARDT, KARL
Address 355 NW EMERALD LAKES DR.
City-State-Zip: LAKE CITY FL 32055

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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

05/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name ROBERTS, FAYE C.
Address 404 SW THURMAN TERRACE
City-State-Zip: LAKE CITY FL 32024

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

Title DIRECTOR
Name SULLIVAN, LYNN K
Address 1855 SW PALOMA CT.
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name RYMER, SHANNON
Address 1505 FT. CLARKE BLVD #11-107
City-State-Zip: GAINESVILLE FL 32606

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