

**2024 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

02/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            DIRECTOR  
Name            BURKHARDT, KARL  
Address        308 NW COLUMBIA AVE  
City-State-Zip: LAKE CITY FL 32055

Title            DIRECTOR  
Name            JOHNSON, DENISE E.  
Address        308 NW COLUMBIA AVE  
City-State-Zip: LAKE CITY FL 32055

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

Title            DIRECTOR  
Name            STREET, PATRICIA  
Address        308 NW COLUMBIA AVE  
City-State-Zip: LAKE CITY FL 32055

Title            VP  
Name            POUNDS, GLENNIS  
Address        654 SE ELOISE AVENUE  
City-State-Zip: LAKE CITY FL 32025

Title            DIRECTOR  
Name            CHANCY, LORETTA "LORY"  
Address        308 NW COLUMBIA AVE  
City-State-Zip: LAKE CITY FL 32055

Title            DIRECTOR  
Name            MCMAHON, SEAN  
Address        308 NW COLUMBIA AVE  
City-State-Zip: LAKE CITY FL 32055

**Continues on page 2**

*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

02/28/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LATOUR, LARRY DR.  
Address 308 NW COLUMBIA AVE  
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR  
Name LEE , DONNA  
Address 308 NW COLUMBIA AVE  
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR  
Name ROBINSON, LORI  
Address 308 NW COLUMBIA AVE  
City-State-Zip: LAKE CITY FL 32055

Title SECRETARY  
Name HOGAN, KAY  
Address 1248 IRVIN AVENUE, SW  
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR  
Name FEAGLE, DIANA  
Address 308 NW COLUMBIA AVE  
City-State-Zip: LAKE CITY FL 32055