

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006247

**Entity Name:** FRIENDS OF THE GRACEVILLE BRANCH LIBRARY, INC.

**Current Principal Place of Business:**

5314 BROWN STREET  
GRACEVILLE, FL 32440

**Current Mailing Address:**

P.O. BOX 104  
GRACEVILLE, FL 32440

**FEI Number: 59-3609196**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BONDURANT, FRANK E  
3763 MISSOURI RD.  
MARIANNA, FL 32446 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BATTLES, REGINA  
Address        5884 HWY. 77  
City-State-Zip: GRACEVILLE FL 32440

Title            VP  
Name            GRAHAM, ANNE  
Address        EZELL ST.  
City-State-Zip: GRACEVILLE FL 32440

Title            DIRECTOR  
Name            GRAHAM, ANNE  
Address        P.O. BOX 315  
City-State-Zip: GRACEVILLE FL 32440

Title            TREASURER  
Name            TRAUTMAN, JOAN  
Address        5397 COOPER ST.  
City-State-Zip: GRACEVILLE FL 32440

Title            PUBLICITY CHAIR  
Name            DEFELIX, GERALDINE  
Address        2953 RAMBO  
City-State-Zip: CAMPBELLTON FL 32426

Title            DIRECTOR, SECRETARY  
Name            ANGERBRANDT, SAMANTHA  
Address        P.O. BOX 284  
City-State-Zip: GRACEVILLE FL 32440

Title            DIRECTOR  
Name            MIXSON, BOBBI  
Address        5386 EZELL ST  
City-State-Zip: GRACEVILLE FL 32440

Title            MEMBERSHIP CHAIR  
Name            DOMAN, CINDY  
Address        5361 HUCKLEBERRY LN.  
City-State-Zip: GRACEVILLE FL 32440

**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: JOAN TRAUTMAN**

**TREASURER**

**01/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           NOMINATING CHAIR  
Name           PADGETT, DOROTHY  
Address        P.O. BOX 595  
City-State-Zip: GRACEVILLE FL 32440