2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

I Paul McConthy

SIGNATURE:

Feb 16, 2007 8:00 am **DOCUMENT # 749397** Secretary of State 1. Entity Name 02-16-2007 90040 049 ****61.25 FRIENDS OF THE LARGO LIBRARY, INC. Principal Place of Business Mailing Address 120 CENTRAL PK DR LARGO FL 33771 120 CENTRAL PK DR LARGO FL 33771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Äpt. #, etc 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3225783 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo ENGLAND, VIRGINIA G CPA Street Address (P.O. Box Number is Not Acceptable) FIRST UNION BANK BUILDING 801 WEST BAY DRIVE, SUITE 506 LARGO FL 33770-3220 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TIME ☐ Delete TITLE **Addition** ☐ Change MCCARTHY, F. PAUL 12872 137th LANE N. NAME BURGESS-DEAVER, RUTH NAME STREET ADDRESS 2405 CORDOVA GREEN STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP LARGO FL 33774 **LARGO FL 33777** IIILE ATD ☐ Delete ши Change ☐ Addition NAME PORTER, KATHRYN NAME STREET ADDRESS 608 7TH AVE. N.W. STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP **LARGO FL 33770** HILE Delete HHE Change ☐ Addition VD NAME GAY DYER, DEAN STREET ADDRESS 1637 BROOKSIDE BLVD STREET ADDRESS CITY ST-7P CI1Y - S1 - 7IP **LARGO FL 33770** Addition HITE ☐ Delete DHE Change NAMI NAME SHALIT, IRIS STREET ADDRESS STREET ADDRESS 13767 DOMINICA DR. CITY - ST - ZIP CITY-S1-ZIP SEMINOLE FL 33776 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP THILE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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.

F. PAUL MCCARTHY

FILED

727-595-2015