

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755969

FILED
Mar 20, 2006
Secretary of State

Entity Name: FRIENDS OF THE OCALA PUBLIC LIBRARY, INC.

Current Principal Place of Business:

2720 E SILVER SPRINGS BLVD
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2720 E SILVER SPRINGS BLVD
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-2032196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLONIA, FRANCES A
1760 NW 114TH LOOP
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: WEST, BARBARA
Address: 19230 SW 90TH LANE RD
City-St-Zip: DUNNELLON, FL 34432 US

Title: VP () Delete
Name: DAME, ILA J
Address: 4010 NE 11TH ST
City-St-Zip: OCALA, FL 34470

Title: T () Delete
Name: STADICK, MARILYN
Address: 4414 NE 2ND ST
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: SWANSON, VIVIEN,
Address: 21635 NW 75TH AVE RD
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: LEVIS, RAE
Address: 2069 SE 37TH COURT CIRCLE
City-St-Zip: OCALA, FL 34471

Title: P () Delete
Name: KOLONIA, FRANCES,
Address: 1760 NW 114TH LOOP
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANDERSON, PAT
Address: 5010 NE 7TH PLACE
City-St-Zip: OCALA, FL 34474

Title: T (X) Change () Addition
Name: KRAUS, MARY
Address: 3810 NE 19TH CIRCLE
City-St-Zip: OCALA, FL 34470

Title: VP (X) Change () Addition
Name: STADICK, MARILYN,
Address: 4414 NE 2ND STREET
City-St-Zip: OCALA, FL 34470

Title: D (X) Change () Addition
Name: FLEMING, MARANELL
Address: 2215 NE 7TH STREET
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANCES KOLONIA

P

03/20/2006

Electronic Signature of Signing Officer or Director

Date