2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2006 8:00 am Secretary of State

DOCUMENT # N0000006562 1. Entity Name FRIENDS OF THE FREEDOM PUBLIC LIBRARY, INC.						LATA	02-01-2006 90010 032 ****61.25				
5870 SW 95TH ST. PC			Mailing Address PO BOX 76102 OCALA, FL 3448	~							
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9973 SW 5974 C.R. Suite, Apt. 4, etc.			- 1						
Suite, Apr. #, etc. City & State		City & State				Chg-NP	CR2E037 (1	· · · · · · · · · · · · · · · · · · ·	nilad En		
		OCALA FL			65-10353	4. FEI Number Applied For 65-1035317 Not Applicable					
Zip		Country	Zip 34476	$\frac{1}{m}$	PARION	5. Certificate of	Status Desired		.75 Addi Required		
	6. Name	and Address of Current	t Registered Agent		Name			Registered Agen	rt		
FRANCIS, JOAN 5530 SW 87TH PLACE					Street Address (P.O. Box Number is Not Acceptable)						
OCALA, FI					<u> </u>						
					City	City DeALA FL Zip Code 194471					
8. The above	named entit	ly submits this statement for	or the purpose of chang	ging its register			in the State of FI				
the obligat	tions of regis	and Wis	é					1-30-	06		
	Streptire, typed	for printed name of registered again	t and title if sopicable.	(NOTE: Register	red Agent signature	required when reinstating)		DATE			
	Filing Fe	d or printed name of registered agen ties \$61.25 May 1, 2006	9. Electi	(NOTE: Regisser on Campaign I Fund Contribu	Financing	\$5.00 May Be		DATE Aake check partine	yable to	<u> </u>	
10.	Filing Fe	e is \$61.25	9. Electi Trust	on Campaign Fund Contribu	Financing ution.	\$5.00 May Be	Flo	Make check partide Department	yable to nt of Sta TORS IN	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

FUNCT WISC PONATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR -30-06 352-351-9