2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90263 004 ****61.25

DOCUMENT # N01116 1. Entity Name EUSTIS LIBRARY FOUNDATION, INC.					01-16-2007 90263	004)1.23	
Principal Place 120 N. CENTI C/O STEVEN I EUSTIS, FL 3	ER STREET BENETZ 2726	C/O STEVEN BENETZ EUSTIS, FL 32726	120 N. CENTER STREET C/O STEVEN BENETZ EUSTIS, FL 32726					
			Mailing Address Suite, Apt. #, etc.				JI31 01 100t	
Suite, Apt. #, etc.					hg-NP CR2E(037 (12/06)	-1	
City & State		City & State		4. FEI Number 59-236822	21	_ 	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Curren	Registered Agent		7. Name and Add	lress of New Registered	Agent		
BENETZ, E. STEVEN 120 N. CENTER STREET EUSTIS, FL 32726				Name Street Address (P.O. Box Number is Not Acceptable)				
			City		·	■ Zip Code		
	named entity submits this statement				F1	L '		
the obligat	ions of registered agent. STEVEN BENG Signature, typed or printed name of registered agen		TE: Registered Agent signature	required wheel reunstating)	1-10-0	?	*****	
Filing Fee is \$61.25 Due by May 1, 2007		•	Selection Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND E	DIRECTORS IN	10	
TITLE NAME		_						
STREET ADDRESS CITY-ST-ZIP	D HAMMOND, JACK 326 N. ROSSITER STREET MOUNT DORA, FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLECKLEY-YARI 37350 Oak Lar Eustis, FL		☐ Change	Addition	
	HAMMOND, JACK 326 N. ROSSITER STREET	☐ Delete	NAME STREET ADDRESS	BLECKLEY-YARI 37350 Oak Las		☐ Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	HAMMOND, JACK 326 N. ROSSITER STREET MOUNT DORA, FL 32757 S BENETZ, E. STEVEN 1503 TYRINGHAM ROAD EUSTIS, FL D TRASK, ALTA		NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	BLECKLEY-YARI 37350 Oak Las		<u>-</u> .	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HAMMOND, JACK 326 N. ROSSITER STREET MOUNT DORA, FL 32757 S BENETZ, E. STEVEN 1503 TYRINGHAM ROAD EUSTIS, FL D TRASK, ALTA 18 FOREST LANE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BLECKLEY-YARI 37350 Oak Las		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMMOND, JACK 326 N. ROSSITER STREET MOUNT DORA, FL 32757 S BENETZ, E. STEVEN 1503 TYRINGHAM ROAD EUSTIS, FL D TRASK, ALTA 18 FOREST LANE EUSTIS, FL VP LE HEUP, WILLIAM 434 E. LEMON AVE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	BLECKLEY-YARI 37350 Oak Las		☐ Change	Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HAMMOND, JACK 326 N. ROSSITER STREET MOUNT DORA, FL 32757 S BENETZ, E. STEVEN 1503 TYRINGHAM ROAD EUSTIS, FL D TRASK, ALTA 18 FOREST LANE EUSTIS, FL VP LE HEUP, WILLIAM 434 E. LEMON AVE EUSTIS, FL P MOULDEN, ROBERT L PO BOX 1493	☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BLECKLEY-YARI 37350 Oak Las		Change Change	Addition Addition Addition	

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SIGNATURE:

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DOCUI	MENT # N01116	· · · · · · · · · · · · · · · · · · ·				PY OF LAST Y T-FOR-PROFIT					
	BRARY FOUNDATION, IN	c.				WAL REPORT. ease note be	low, that	t			
Principal Place of Business 120 N. CENTER STREET C/O STEVEN BENETZ EUSTIS, FL 32726		Mailing Address 120 N. CENTER STREE C/O STEVEN BENETZ EUSTIS, FL 32726	T		Jack Hammond was an "A to Directors. ALSO, T Dawn Bleckley-Yarbrough to be deleted from lis		easure was NOT				
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			02172006 C	hg-NP CR2	E037 (11/05)				
City & State		City & State		4. FEI Number 59-2368221		No	plied For Applicable				
Zip	Country	Zip	Country		5. Certificate of S		\$8.75 Addi Fee Required				
DENETT	6. Name and Address of Current I	codistance whent	Name	7. Name and Address of New Registered Agent Name							
	E. STEVEN NTER STREET L. 32726		Street Address ((P.O. Box Number is Not Acceptable)						
			City				≝∎ 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 6:5:6:4:5:6:4:5:6:4:5:6:6:5:6:6:6:6:6:6:											
Filing Fee is \$81.25 Due by May 1, 2006		Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		iebikapayabib da Podioisabi di Si				
10.	OFFICERS AND DIR		11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	BLECKLEY-YARBROUGH, DAW 37350 OAK LANE EUSTIS, FL	☐ Defate N	TITLE NAME STREET ADDRESS CITY-ST-ZIP	326	mond, Jac N. Rossi unt Dora.	ter Street	Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENETZ, E. STEVEN 1503 TYRINGHAM ROAD EUSTIS, FL	□ Deide	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRASK, ALTA 18 FOREST LANE EUSTIS, FL	□ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZEP	VP LE HEUP, WILLIAM 434 E. LEMON AVE EUSTIS, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOULDEN, ROBERT L V PO BOX 1493 EUSTIS, FL	☐ Delste	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, LEWIS V 10 VILLA WAY EUSTIS, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition			

I hereby certify that the information supplied with this filling 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 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. · Socroinni 2-23-06 352-357-5686

SIGNATURE: