

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

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90089 025 ****61.25

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1. Entity Name

**THE FRIENDS OF THE VOLUSIA COUNTY LIBRARY
CENTER, INC.**



Principal Place of Business

105 EAST MAGNOLIA AVE.
DAYTONA BEACH FL 32114

Mailing Address

105 EAST MAGNOLIA AVE.
DAYTONA BEACH FL 32114

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1969700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANTHEY, MARCIA
405 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: DP ☐ Delete
NAME: ROBERTS, JOHN
STREET ADDRESS: 952 PELICAN BAY DRIVE
CITY-ST-ZIP: DAYTONA BEACH FL 32119

TITLE: DV ☒ Delete
NAME: GENEUX, CLAUDETTE
STREET ADDRESS: 3164 S PENINSULA DR
CITY-ST-ZIP: DAYTONA BEACH FL 32118

TITLE: DT ☐ Delete
NAME: MANTHEY, MARCIA
STREET ADDRESS: 405 PELICAN BAY DR
CITY-ST-ZIP: DAYTONA BEACH FL 32119

TITLE: DS ☐ Delete
NAME: SMITH, PHOEBE
STREET ADDRESS: 1600 CRESCENT RIDGE RD
CITY-ST-ZIP: DAYTONA BEACH FL 32118

TITLE: DV ☐ Delete
NAME: O'SHAUGHNESSY, ELLEN
STREET ADDRESS: 1210 GAMBLE PL
CITY-ST-ZIP: DAYTONA BEACH FL 32118

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DV ☒ Change ☐ Addition
NAME: LEMPEL, LYNN
STREET ADDRESS: 1227 Golfview Drive
CITY-ST-ZIP: Daytona Beach FL 32114

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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.

SIGNATURE:

Marcia Manthey

Marcia Manthey

1-30-07

386-304-5053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #