2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90047 045 ****61.25

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1. Entity Name
FRIENDS OF THE NATURE COAST LAKES REGION LIBRARY, INC.

Principal Place of Business	Mailing Address
1511 DRUID ROAD INVERNESS, FL 34452	1511 DRUID ROAD INVERNESS, FL 34452

02062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0541872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZE, LESLIE
1511 DRUID ROAD
INVERNESS, FL 34452

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRAZE, LESLIE 8528 E. AQUARIUS DR INVERNESS, FL 34450	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRICE-SANDRA 720 GILCHRIST, APT 6A, BLDG 25 HERNANDO, FL 34442	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PRICE, SANDRA 3220 BLACK MOUNTAIN DR. INVERNESS, FL 34450	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FRAZE LESLIE 8528 E AQUARIUS DR. INVERNESS, FL 34450	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARTIN, GLENDA 4167 S. CANTON TERR INVERNESS, FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOCKSKOPF, DONNA 6317 E SAGE ST INVERNESS, FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEMETH, ERIKA 304 E. HARVARD ST. INVERNESS, FL 34452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIXON, DORIS 1809 E. MONOPOLY LP INVERNESS, FL 34453	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUDITH ROSE 1709 E. MONOPOLY LP INVERNESS, FL 34453	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sandra Price Sandra J. Price 2/7/05 (352) 527-2974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #