

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90041 026 ****61.25

DOCUMENT # 703000

1. Entity Name
**FRIENDS OF THE ELSIE QUIRK PUBLIC LIBRARY OF
ENGLEWOOD, INC.**



Principal Place of Business
**100 W. DEARBORN ST.
ENGLEWOOD, FL 34223 US**

Mailing Address
**100 W DEARBORN ST
ENGLEWOOD, FL 34223 US**

40014051



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252006

Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2336166

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

**KOLACSKY, BONNIE K
525 BOUNDARY BLVD
ROTONDA WEST, FL 33947**

Name

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

525

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, 2006**

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 **VD** ☐ Delete
NAME **SALANDER, ELLEN**
STREET ADDRESS **61 NORTH BROADWAY**
CITY-ST-ZIP **ENGLEWOOD, FL 34223003**

TITLE **PD** ☐ Delete
NAME **LANDIS, JACK**
STREET ADDRESS **5263 THE POINTE**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **TD** ☐ Delete
NAME **KOLACSKY, BONNIE**
STREET ADDRESS **525 BOUNDARY BLVD**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **D** ☒ Delete
NAME **GILMORE, SUSAN**
STREET ADDRESS **860 BAYSHORE DR**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☐ Delete
NAME **ZERAD, ANGIE**
STREET ADDRESS **P.O. BOX 1025**
CITY-ST-ZIP **ENGLEWOOD, FL 342951025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **521**
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 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.

Treasurer

SIGNATURE

Bonnie Kolacsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Kolacsky

02-03-2006

941-473-3442

Date

Daytime Phone #

ATTACHMENT

46014057

Document #703000

D

PAT BURKEY
19 NORTH MANGO STREET, APT. A
ENGLEWOOD FL 34223

PD

JOHN DUBOWIK
2805-B NORTH BEACH ROAD
ENGLEWOOD FL 34223

D

CHRISTINE KOURAPIS
348 RED ASH CIRCLE
ENGLEWOOD FL 34223

D

BONNIE MIHALIK
617 BRAMBLEWOOD LANE
ENGLEWOOD FL 34223

D

ELIZABETH RAPP
1218 Jefferson Drive
Englewood FL 34224

S D

JIM SNELGROVE
612 APPLE LANE
ENGLEWOOD FL 34223

V D

KATHY S. TURBEVILLE
900 SUNSET LANE
ENGLEWOOD FL 34223

D

HELEN WIKOFF
329 OAKWOOD CIRCLE
ENGLEWOOD FL 34223