


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90030 007 ****70.00

DOCUMENT # 703688 1. Entity Name FRIENDS OF THE LEESBURG LIBRARY, INCORPORATED					
Principal Place of Business 204 N 5TH STREET LEESBURG, FL 34748			Mailing Address 204 N 5TH STREET LEESBURG, FL 34748		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MORSE, BARBARA J 204 N 5TH ST LEESBURG, FL 34748				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-2187338	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (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. <input type="checkbox"/>		\$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 JONES, BONNIE 36131 SPRING LAKE BLVD FRUITLAND PARK, FL 34731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Hill, Nonette 1260 Spring Hill Road Fruitland Park FL 34731	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOUDZWAARD, MAURICE 26737 WIMBLEDON STREET LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Smith, Jill 3718 Picciola Cutoff Fruitland Park, FL 34731	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SELLERS, CAROLYN H 2030 LIVE OAK DR FRUITLAND PARK, FL 34731		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Heim, Jo Ann 204 N. Perkins St Leesburg, FL 34748-4930	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDERSON, SANNA 1216 OAK DRIVE LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Brown, Joan P.O. Box 490750 Leesburg FL 34749-0750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEIGER, SUE 33637 OVERTON DRIVE LEESBURG, FL 34788		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Brown, Joan P.O. Box 490750 Leesburg FL 34749-0750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDERSON, SANNA 1216 OAK DRIVE LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Brown, Joan P.O. Box 490750 Leesburg FL 34749-0750	
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: <i>Jo Ann Heim</i> Treasurer <i>2/09/06</i> (352) 787-2426					

Friends of the Leesburg Library, Inc.

ATTACHMENT
40011320
#703688

Enclosed is my check
#1408 for \$70.00.

61.25 Filing Fee for
Doc# 703688
8.75 Cert. of Status.
\$70.00

Jo Ann Heim, Treas
Friends of the Leesburg
Library, Inc.