



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90030 008 ****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 - No P.O. Box # 100 East Main Street Suite, Apt. #, etc. Leesburg, FL City & State 34748 USA Zip Country		3. Mailing Address 100 East Main Street Suite, Apt. #, etc. Leesburg, FL City & State 34748 USA Zip Country			
02192008 Chg-NP CR2E037 (12/06)				4. FEI Number 59-2187338	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required.				Applied For <input type="checkbox"/> Not Applicable	
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 Morse, Barbara J. Street Address (P.O. Box Number is Not Acceptable) 100 East Main Street City Leesburg, FL Zip Code 34748		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 HILL, NONETTE 1260 SPRING HILL DR FRUITLAND PARK, FL 34731	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Jones, Bonnie 36131 E. Spring Lake Blvd. Fruitland Park, FL 34731	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAY, CHARLES 1014 SHORE ACRES DR. LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Glockler, Bob 2918 Porto Bello Ave. Leesburg, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HEIM, JOANN 207 N PERKINS ST LEESBURG, FL 347484930	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Marshall, Claudia 1106 Mizell Rd. Leesburg, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARSHALL, CLAUDIA 1106 MIZELL RD. LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Henderson, Sanna 1216 Oak Dr. Leesburg, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROWN, JOANN PO BOX 490750 LEESBURG, FL 347490750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Johnson, Eloise 121 Rambo St. Leesburg, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Claudia Marshall <i>Claudia Marshall, Treasurer</i> 4-14-08 352-787-5928 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					