


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 704086</b>	
<b>1. Entity Name</b> THE FRIENDS OF THE MICANOPY LIBRARY, INC.	

<b>Principal Place of Business</b> CHOLOKKA BLVD. MICANOPY, FL 32667	<b>Mailing Address</b> P.O. BOX 476 MICANOPY, FL 32667
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DO NOT WRITE IN THIS SPACE



01152005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 23-7335364	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MACAULAY, NANCY  
14312 SE 11TH DR  
MICANOPY, FL 32667

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**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** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P GEERS, ED 10715 SW 10TH TERR MICANOPY, FL 32607
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP VAN MIER, PENNY 12014 PHAMETT DR MICANOPY, FL 32667
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T MACAULAY, NANCY 14312 SE 11TH DR MICANOPY, FL 32667
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTOPHERSON, MARY 3221 NW 14TH ST. GAINESVILLE, FL 32605
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/05-80049-017 61.25

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 any attachment with an address, with all other like empowered.

**SIGNATURE:** *Nancy Macaulay* **18 Jan '05** **(352) 466-3542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #