


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 704086	
1. Entity Name THE FRIENDS OF THE MICANOPY LIBRARY, INC.	

Principal Place of Business CHOLOKKA BLVD. MICANOPY, FL 32667	Mailing Address P.O. BOX 476 MICANOPY, FL 32667
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01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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02/10/06-80053-003 61.25

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: Nancy Macaulay Nancy Macaulay 27 Jan '06 (352) 486-3542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #