


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 708403-</b> 1. Entity Name LA BELLE FREE PUBLIC LIBRARY INC.	
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Principal Place of Business 461 N. MAIN ST. LA BELLE, FL 33935	Mailing Address P.O. BOX 785 LA BELLE, FL 33975
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**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6158142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  BEVERLY ENGLISH 1620 FT DENAUD ROAD LABELLE, FL 33935	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RASMUSSEN, BERNARD FT. DENAUD RAOD LA BELLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENGLISH, BEVERLY FT. DENAUD RD. LA BELLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AIKEN, BETTY COTTAGE AVE LA BELLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOARDMAN, TOM 134 POLLYWOG POINT LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SHIVERS, JOE 487 W. BELMONT ST LABELLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DEBRA DAVIS 881 N. RIVER RD. LABELLE, FL

U00000268570  
03/18/05-80049-006 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Beverly English</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>3/15/05</i>	Daytime Phone #: <i>863-675-0833</i>
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