

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

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 708403

1. Entity Name
LA BELLE FREE PUBLIC LIBRARY INC.



Principal Place of Business

**461 N. MAIN ST.
LA BELLE, FL 33935**

Mailing Address

**P.O. BOX 785
LA BELLE, FL 33975**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-6158142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BEVERLY ENGLISH
1620 FT DENAUD ROAD
LABELLE, FL 33935**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4000004700336

04/08/06-20001-021 61.25

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RASMUSSEN, BERNARD FT. DENAUD ROAD 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

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IN THIS SPACE**

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:

Beverly English
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06

Date

(863)

675-2602

Daytime Phone #