


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90048 049 \*\*\*\*61.25

<b>DOCUMENT # 708403</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04042008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-6158142	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEVERLY ENGLISH 1620 FT DENAUD ROAD LABELLE, FL 33935				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <i>Beverly English</i>				DATE 4-7-08	
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					
TITLE	TD	<input type="checkbox"/> Delete			
NAME	RASMUSSEN, BERNARD				
STREET ADDRESS	FT. DENAUD ROAD				
CITY-ST-ZIP	LA BELLE, FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	ENGLISH, BEVERLY				
STREET ADDRESS	FT. DENAUD RD.				
CITY-ST-ZIP	LA BELLE, FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	AIKEN, BETTY				
STREET ADDRESS	COTTAGE AVE				
CITY-ST-ZIP	LA BELLE, FL				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	BOARDMAN, TOM				
STREET ADDRESS	134 POLLYWOG POINT				
CITY-ST-ZIP	LABELLE, FL 33935				
TITLE	VPD	<input checked="" type="checkbox"/> Delete			
NAME	SHIVERS, JOE				
STREET ADDRESS	487 W. BELMONT ST				
CITY-ST-ZIP	LABELLE, FL				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	DEBRA DAVIS				
STREET ADDRESS	881 N. RIVER RD.				
CITY-ST-ZIP	LABELLE, FL				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VPD COWEN, MARTY				
STREET ADDRESS	5878 Dragoon Drive				
CITY-ST-ZIP	LaBelle, FL 33935				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 <i>Beverly English</i>				DATE 4-7-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 675-2602	