


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90146 050 ****61.25

DOCUMENT # 717908					
1. Entity Name FRIENDS OF THE CENTRAL LIBRARY, INC.					
Principal Place of Business CENTRAL LIBRARY 1301 BARCARROTA BLVD BRADENTON, FL 34205 US			Mailing Address FRIENDS OF CENTRAL LIBRARY P.O. BOX 1584 BRADENTON, FL 34206 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WETTER, JUDY 4910 29TH LN, E BRADENTON, FL 34203				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 <u>Judy Wetter</u> <u>Judy Wetter</u> <u>4/2/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JETT, MARY		NAME		
STREET ADDRESS	4460 IRONWOOD CIR, # 307		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34209		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNGIDER, BUNNY		NAME	LAST NAME SPELLING	
STREET ADDRESS	511 49TH ST, W		STREET ADDRESS	SCHNEIDER	
CITY - ST - ZIP	BRADENTON, FL 34209		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHETLAIN, JOANNE C		NAME	BETTY SIMCHES	
STREET ADDRESS	4530 PINE BROOK CIR		STREET ADDRESS	1301 BARCARROTA	
CITY - ST - ZIP	BRADENTON, FL 34209		CITY - ST - ZIP	BRADENTON, FL 34205	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WETTER, JUDY		NAME		
STREET ADDRESS	4910 29TH LANE E		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34203		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40051251



03252007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7069668

Applied For
Not Applicable

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