

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90018 021 \*\*\*\*61.25

**DOCUMENT # 723417**

1. Entity Name  
**FRIENDS OF THE LIBRARY OF AVON PARK, INC.**



Principal Place of Business  
**100 N. MUSEUM AVENUE  
AVON PARK, FL 33825-3945 US**

Mailing Address  
**100 N. MUSEUM AVENUE  
AVON PARK, FL 33825-3945 US**



02222004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2364402**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DERKMAN, LUCY  
103 E MONROE ST  
AVON PARK, FL 33825**

**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)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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  
**P  
DERKMAN, LUCY  
103 E. MONROE ST.  
AVON PARK, FL 33825**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CASELEY, GERALDINE  
905 CR 17A WEST  
AVON PARK, FL 33825**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
FISCHER, CHARLENE M  
2278 N. ALEXANDER RD.  
AVON PARK, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DIXON, BARBARA  
1703 PALM ST  
SEBRING, FL 33870**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MIRACLE, THEDA  
64 N. HIGHLANDS AVE.  
AVON PARK, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
WRIGHT, MICHAEL D  
2029 STATE ROAD 64 WEST  
AVON PARK, FL 33825**

**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:** *Charlene M. Fischer* **CHARLENE M. FISCHER T**

**FEB 23, 2004** **863-453-8289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #