2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 723417

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

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

04172006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2364402
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000522605
05/03/06-80037-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DERKMAN, LUCY
STREET ADDRESS	103 E. MONROE ST.
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	S
NAME	CASELEY, GERALDINE
STREET ADDRESS	905 CR 17A WEST
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	T
NAME	FISCHER, CHARLENE M
STREET ADDRESS	2278 N. ALEXANDER RD.
CITY-ST-ZIP	AVON PARK, FL
TITLE	V
NAME	DIXON, BARBARA
STREET ADDRESS	1703 PALM ST
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	MIRACLE, THEDA
STREET ADDRESS	64 N. HIGHLANDS AVE.
CITY-ST-ZIP	AVON PARK, FL
TITLE	D
NAME	WRIGHT, MICHAEL D
STREET ADDRESS	2029 STATE ROAD 64 WEST
CITY-ST-ZIP	AVON PARK, FL 33825

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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: Charlene M Fischer CHARLENE M. FISCHER T. 04-18-2006 863-453-8289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #