

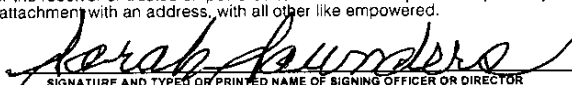


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90332 032 ****61.25

DOCUMENT # 727182 1. Entity Name FRIENDS OF THE LIBRARY OF GLADES COUNTY, FLORIDA, INC.					
Principal Place of Business 308 RIVER ROAD MOORE HAVEN, FL 33471 US				Mailing Address PO BOX 505 MOORE HAVEN, FL 33471	
2. Principal Place of Business 201 Riverside Dr. SW		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Moore Haven FL		City & State		4. FEI Number 59-2333813	
Zip 33471		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAPLETON, CHARLENE 1590 RIVER ROAD SOUTH WEST MOORE HAVEN, FL 33471				7. Name and Address of New Registered Agent Name Sarah Saunders Street Address (P.O. Box Number is Not Acceptable) 645 Alligator Road NW City Moore Haven FL Zip Code 33471	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-6-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD STAPLETON, CHARLENE 1590 RIVER ROAD SOUTH WEST MOORE HAVEN, FL 33471	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sarah Saunders 645 Alligator Road NW Moore Haven, FL 33471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAUNDERS, SARAH 645 ALLIGATOR ROAD NW MOORE HAVEN, FL 33471	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Karen Taylor	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, KAREN 765 E ST RT 78 #71 MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jo Randolph	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANDOLPH, JO 970 E SR 78 NW MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jo Randolph	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-6-06 Daytime Phone # 863-946-1828	