

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2005 08:00 AM
Secretary of State

DOCUMENT #735574

1. Entity Name
**FRIENDS OF THE WINTER HAVEN PUBLIC LIBRARY,
INC.**



Principal Place of Business
**335 AVENUE A N.W.
WINTER HAVEN, FL 33881-4604**

Mailing Address
**335 AVENUE A N.W.
WINTER HAVEN, FL 33881-4604**



08042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1712024

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, KATHRYN L
335 AVENUE A N.W.
WINTER HAVEN, FL 33881-4604**

**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 September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEASLEY, SARAH M
STREET ADDRESS	921 PIEDMONT DR S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VD
NAME	MCIVER, MARY
STREET ADDRESS	684 AUGUSTA BLVD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	SD
NAME	GILBERT, PHYLLIS
STREET ADDRESS	545 AVE L SE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	TD
NAME	RAGSDALE, ROSIE
STREET ADDRESS	2684 COUNTRY CLUB ROAD NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000376529
08/16/05-80001-016 61.25

**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:

Sarah M. Beasley Sarah M. Beasley

8-16-05

863-292-0540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #