2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90305 011 ****61.25

DOCUMENT # 735574

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

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

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04042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

7. Name and Address of New Registered Agent

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 _____
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 BEASLEY, SARAH M 921 PIEDMONT DR S.E. WINTER HAVEN, FL 33880	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. AND DIR. DR. WRAY HAMMER 1220 W. LAKE HAMILTON DR. WINTER HAVEN FL. 33881	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCIVER, MARY 684 AUGUSTA BLVD WINTER HAVEN, FL 33884	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES. & DIR. JEAN SHEAR 744 SAN JOSE DR. WINTER HAVEN FL 33881	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GILBERT, PHYLLIS 545 AVE L SE WINTER HAVEN, FL 33880	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECY. + DIR. BETTY BARBER 12 BASS CIRCLE WINTER HAVEN FL 33881	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAGSDALE, ROSIE 2684 COUNTRY CLUB ROAD NE WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ROSIE RAGSDALE Rosie Ragsdale 4-5-06 863-292-0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #