


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90037 015 ****61.25

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		
2. Principal Place of Business - No P.O. Box #			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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEARD, JENNIFER A 335 AVENUE A N.W. WINTER HAVEN, FL 33881				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President I D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMER, WRAY DR		NAME	Owen, Jonathan	
STREET ADDRESS	1220 W LK HAMILTON DR		STREET ADDRESS	1158 Interlachen Blvd.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President I D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPEAR, JEAN		NAME	Prather, Janine	
STREET ADDRESS	744 SAN JOSE DR		STREET ADDRESS	221 Santa Rosa Dr.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary I D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBER, BETTY		NAME	Harvey, Allan	
STREET ADDRESS	12 BASS CIR		STREET ADDRESS	411 Fagler Rd S.E	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Treasurer I D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAGSDALE, ROSIE		NAME	Riner, Mary	
STREET ADDRESS	2684 COUNTRY CLUB ROAD NE		STREET ADDRESS	P.O. Box 593	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Lake Hamilton, FL 33851	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Mary Riner</u>				1-25-08 863-292-0540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	
Mary Riner Treasurer					

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