

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

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # 735754

1. Entity Name
FRIENDS OF THE MAITLAND PUBLIC LIBRARY, INC.



Principal Place of Business
**501 SOUTH MAITLAND AVE.
MAITLAND, FL 32751**

Mailing Address
**501 SOUTH MAITLAND AVE.
MAITLAND, FL 32751**



02072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7114381

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAREN POTTER
MAITLAND PUBLIC LIBRARY
501 S. MAITLAND AVE.
MAITLAND, FL 32751**

**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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	TAGLAUER, ALICE
STREET ADDRESS	61 OAKLEIGH DRIVE
CITY-ST-ZIP	MAITLAND, FL
TITLE	VD
NAME	LEWIS, BETTE
STREET ADDRESS	1750 HURON TRAIL
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	SD
NAME	ARMSTRONG, MABEL B.
STREET ADDRESS	711 SEQUOIA TR.
CITY-ST-ZIP	MAITLAND, FL
TITLE	PD
NAME	SIMON, CLAIRE
STREET ADDRESS	2070 GERONIMO TRAIL
CITY-ST-ZIP	MAITLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000224274
02/10/05-80081-005 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)(f), 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

[Signature]

2-07-05

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