2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-20-2007 90080 025 ****61.25
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY -1 AM 7:30

DOCUMENT # 742028

1. Entity Name
FRIENDS OF THE LIBRARY OF ST. JOHNS COUNTY, INC.

Principal Place of Business	Mailing Address
1960 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32085 US	PO BOX 3122 ST AUGUSTINE, FL 32085 US

04052007 Chg-NP CR2E037 (12/06)

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 59-1793454 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOKE, WILLIAM F
149 FERROL RD
ST. AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

Name KAREN FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
505 ST. CROIX ST.
City ST. AUGUSTINE **FL** Zip Code 32095

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 Karen Fernandez treasurer 16 APR 07
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, 2007

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	P BATOVSKY, SUZANNE 2260 COMMADORE'S CLUB SAINT AUGUSTINE, FL 32080	☒ Delete	PRESIDENT DULCY FREEMAN PO Box 4508 ST AUGUSTINE, FL 32085	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FREEMAN, DULLY PO BOX 4508 SAINT AUGUSTINE, FL 32085	☒ Delete	V SUZANNE BATOVSKY 2260 COMMODORES CLUB ST. AUGUSTINE, FL 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOMINI, MAGGIE 3432 HARBOR DRIVE SAINT AUGUSTINE, FL 32084	☒ Delete	S TERRY ALLAN 505 ST. CROIX ST. ST. AUGUSTINE, FL 32095	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GEMACHE, GERALD L 8 ALTHEN ST. SAINT AUGUSTINE, FL 32084	☒ Delete	T KAREN FERNANDEZ 505 ST. CROIX ST. ST. AUGUSTINE, FL 32095	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOKE, NANCY 149 FERROL RD SAINT AUGUSTINE, FL 32084	☒ Delete	BM BILL FORSTER 314 PREMIERE VISTA WAY ST. AUGUSTINE, FL 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEASE, MARGIE PO BOX 1349 SAINT AUGUSTINE, FL 32084	☒ Delete	BM RUTHEL HANKERSON 277 COSTADO ST. ST. AUGUSTINE, FL 32086	☒ 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: Karen Fernandez 16 APR 07 904-808-4792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #