


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90315 009 ****61.25

DOCUMENT # 744047 1. Entity Name FRIENDS OF THE LEON COUNTY PUBLIC LIBRARY, INC.					
Principal Place of Business 200 WEST PARK AVENUE TALLAHASSEE, FL 32301-7716			Mailing Address 200 WEST PARK AVENUE TALLAHASSEE, FL 32301-7716		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1896144	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHAFER, RHONDA 4511 FOXCROFT DRIVE TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name <u>Kim Meros</u> Street Address (P.O. Box Number is Not Acceptable) <u>288 Rosehill Drive</u> City <u>Tallahassee</u> FL <u>32312</u>	
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 <u>Kim Meros</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-21-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, LAURA 1741 MARSTON PL TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEROS, KIM 288 ROSEHILL DR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAFER, RHONDA 4511 FOXCROFT DR TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOVELACE, JULIE 8077 TENNYSON DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAVES, BARBARA 3400 DEER LANE DR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFIN, SHELLEY 7067 SHADY GROVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
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: <u>Kim Meros</u> <u>Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
DATE <u>4-21-05</u> <small>Date</small>			DAYTIME PHONE # <u>850-894-6061</u> <small>Daytime Phone #</small>		

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04072005 Chg-NP CR2E037 (10/03)