

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90041 049 ****61.25

DOCUMENT # 754080

1. Entity Name
DESOTO COUNTY LIBRARY ASSOCIATION, INC.



Principal Place of Business
125 N. HILLSBOROUGH AVE.
ARCADIA, FL 34266

Mailing Address
125 N. HILLSBOROUGH AVE.
ARCADIA, FL 34266



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2064403

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KIRKPATRICK, JUDY
125 N HILLSBOROUGH AVE
ARCADIA, FL 34266

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
KIRKPATRICK, JUDY
2057 SE LOVEJOY ST 3300 NW Coker St
ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
JACKSON, FORREST M
6980 SW COLLINS STREET
ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
RAYMOND, ANSON
1884 SE MARYLAND STREET
ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LIPE, TOM
9090 SW LIPE ST.
ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Judy Kirkpatrick Judy Kirkpatrick

3/10/08

863.444.0664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #