


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90259 032 \*\*\*\*\*61.25

<b>DOCUMENT # 755969</b> 1. Entity Name <b>FRIENDS OF THE OCALA PUBLIC LIBRARY, INC.</b>					
Principal Place of Business <b>15 SE OSCEOLA AVENUE</b> <b>OCALA FL 34471 34470</b> <b>2720 E Silver Springs Blvd</b>			Mailing Address <b>15 SE OSCEOLA AVENUE</b> <b>OCALA FL 34471 34470</b>		
2. Principal Place of Business <b>2720 E Silver Springs Blvd</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Ocala Florida</b>		City & State		4. FEI Number <b>59-2032196</b>	
Zip <b>34470</b>		Country <b>Marion</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KOLONIA, FRANCES A</b> <b>1760 NW 114TH LOOP</b> <b>OCALA FL 34475</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PP WEST, BARBARA 19230 SW 90TH LANE RD DUNNELLON FL 34432	<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	VP DAME, ILA J 4010 NE 11TH ST OCALA FL 34470	<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	T STADICK, MARILYN 4414 NE 2ND ST OCALA FL 34470	<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	D SWANSON, VIVIEN 21635 NW 75TH AVE RD MICANOPY FL 32667	<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	D LEVIS, RAE 2069 SE 37TH COURT CIRCLE OCALA FL 34471	<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	P KOLONIA, FRANCES 1760 NW 114TH LOOP OCALA FL 34475	<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 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.					
<b>SIGNATURE: Marilyn J. Stadick - Marilyn J. Stadick - Treasurer</b> <i>3/6/05 352-694-1851</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					