


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 756346 1. Entity Name FRIENDS OF THE DUNNELLON PUBLIC LIBRARY, INC.	
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Principal Place of Business 20804 W. PENNSYLVANIA AVE. DUNNELLON, FL 34430	Mailing Address P.O. BOX 1434 DUNNELLON, FL 34430
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DO NOT WRITE IN THIS SPACE



04062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2109977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANCOCK, DONNA M 1151 CAMP DR DUNNELLON, FL 34432
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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) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANCOCK, DONNA 11551 CAMP DR DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETTIT, GLORIA 19807 SW 85TH LOOP DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALTER, JAN 21141 SE 162ND ST. RD DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSTON, JAN 9138 SW 213TH TERR RD DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000917564
05/13/08-80046-017 61.25

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: <u>Donna Hancock</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>4/21/08</u>	Daytime Phone #: <u>352 465-1610</u>
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