

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

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90160 026 \*\*\*\*61.25

**DOCUMENT # 756623**

1. Entity Name

THE MELROSE LIBRARY ASSOCIATION, INC.



Principal Place of Business

312 WYNWOOD  
MELROSE FL 32666  
US

Mailing Address

PO BOX 54  
MELROSE FL 32666  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-9128802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ALLENSWORTH, THOMAS M JR  
6228 DOGWOOD LANE  
MELROSE FL 32666

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Thomas M Allensworth Jr* *Treasurer* *3-4-05*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE V  
NAME GIELSEL, JEAN ☒ Delete  
STREET ADDRESS 6221 DOGWOOD LN  
CITY-ST-ZIP MELROSE FL 32666

TITLE T  
NAME ALLENSWORTH, THOMAS M JR ☐ Delete  
STREET ADDRESS 6228 DOGWOOD LANE  
CITY-ST-ZIP MELROSE FL 32666

TITLE S  
NAME ANDREWS, RONDA ☒ Delete  
STREET ADDRESS P.O BOX 1103  
CITY-ST-ZIP MELROSE FL 32666

TITLE P  
NAME CORR, SUNNY ☒ Delete  
STREET ADDRESS 6202 HAMPTON ST.  
CITY-ST-ZIP MELROSE FL 32666

TITLE D  
NAME RENZELMAN, PEGGY ☐ Delete  
STREET ADDRESS 6102 QUAIL ST.  
CITY-ST-ZIP MELROSE FL 32666

TITLE D  
NAME WHITING, PAMELA K ☐ Delete  
STREET ADDRESS 8109 NE 221ST ST  
CITY-ST-ZIP MELROSE FL 32666

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME Giesel, Jean  
STREET ADDRESS 6221 Dogwood Ln  
CITY-ST-ZIP Melrose FL 32666

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition  
NAME Patricia Bansteel  
STREET ADDRESS 3051-SE ST RD 21 #7  
CITY-ST-ZIP Melrose FL 32666

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *Thomas M Allensworth Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-4-05 352-478-2926*

Date

Daytime Phone #