


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90047 009 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-9128802	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	VP GIESEL, JEAN 6221 DOGWOOD LN MELROSE FL 32666	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	P WARREN, KATHI P.O. BOX 26 601 SEMINOLE RIDGE RD MELROSE FL 32666	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	S BONSTEEL, PATRICIA 3051 SE ST RD 21 #7 MELROSE FL 32666	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D RENZELMAN, PEGGY 6102 QUAIL ST. MELROSE FL 32666	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D NENLO, ELIZABETH P.O. BOX 301 6846 NEALE RD MELROSE FL 32666	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	D NEALE, ELIZABETH PO Box 301 6846 Neale Rd. Melrose, FL 32666	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	T THOMAS M. ALLENSWORTH JR. 6228 Dogwood Ln Melrose, FL 32666	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Thomas M Allensworth Jr</i> 1-24-07 352-475-2926 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					