

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90026 001 ****61.25

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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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

ALLENSWORTH, THOMAS M JR
6228 DOGWOOD LANE
MELROSE FL 32666

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 VP ☐ Delete
NAME GIESEL, JEAN
STREET ADDRESS 6221 DOGWOOD LN
CITY-ST-ZIP MELROSE FL 32666

TITLE P ☐ Delete
NAME WARREN, KATHI
STREET ADDRESS P.O. BOX 26 601 SEMINOLE RIDGE RD
CITY-ST-ZIP MELROSE FL 32666

TITLE S ☒ Delete
NAME BONSTEEL, PATRICIA
STREET ADDRESS 3051 SE ST RD 21 #7
CITY-ST-ZIP MELROSE FL 32666

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

TITLE D ☐ Delete
NAME NEALE, ELIZABETH
STREET ADDRESS P.O. BOX 301 6846 NEALE RD
CITY-ST-ZIP MELROSE FL 32666

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE S ☐ Change ☒ Addition
NAME *PAYNE, ANN*
STREET ADDRESS *6011 DOGWOOD LN*
CITY-ST-ZIP *MELROSE FL 32666*

TITLE D ☒ Change ☐ Addition
NAME *Bonsteel, Patricia*
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

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: *Thomas M. Allensworth Jr* 3-22-08 352-475-2926