


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 007 ****61.25

DOCUMENT # 763223 1. Entity Name FRIENDS OF THE HUGH EMBRY LIBRARY BRANCH OF THE LIBRARY OF PASCO COUNTY, FLORIDA, INC.	
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Principal Place of Business P.O. BOX 1323 14215 FOURTH ST. DADE CITY, FL 33525 US	Mailing Address P.O. BOX 1323 14215 FOURTH ST. DADE CITY, FL 33526
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01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2440536	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 THOMPSON, GLEN 36637 MISSOUR AVE. DADE CITY, FL 33523
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**DO NOT WRITE
IN THIS SPACE**

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.

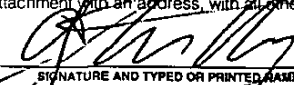
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	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	P SMITH, GREGORY P 11349 FORT KING RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP STANLEY, SUZANNE C 7124 BERRY RD ZEPHYRHILLS, FL 33540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BELL, CAROL 7206 BERRY ROAD DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMPSON, GLEN 36637 MISSOURI AVENUE DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EGER, BARBARA 13318 OMEGA COURT DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANSEN, MAY P 38111 COUNTRY SIDE PLACE DADE CITY, FL 33525

**DO NOT WRITE
IN THIS SPACE**

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:  **Glen Thompson**
Secretary January 10, 2006 (352) 567-7449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #