

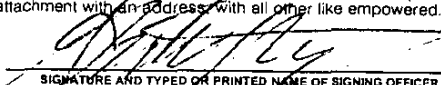


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90331 002 ****61.25

DOCUMENT # 763223 1. Entity Name FRIENDS OF THE HUGH EMBRY LIBRARY BRANCH OF THE LIBRARY OF PASCO COUNTY, FLORIDA, INC.					
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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40064049  01082007 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2440536				Applied For <input type="checkbox"/> 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 MISSOURI AVE. DADE CITY, FL 33523				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 reinstating) DATE _____					
Filing 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	P SMITH, GREGORY P <input type="checkbox"/> Delete 11349 FORT KING RD DADE CITY, FL 33525			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP <input checked="" type="checkbox"/> Delete STANLEY, SUZANNE C 7124 BERRY RD ZEPHYRHILLS, FL 33540			TITLE NAME STREET ADDRESS CITY - ST - ZIP	1st Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carol A. Bell 7206 Berry Road Zephyrhills, FL 33540
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Delete BELL, CAROL 7206 BERRY ROAD DADE CITY, FL 33523			TITLE NAME STREET ADDRESS CITY - ST - ZIP	2nd Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joy Mogyrosy 12139 Victor Lane Dade City, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Delete THOMPSON, GLEN 36637 MISSOURI AVENUE DADE CITY, FL 33523			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jeanette Reilly 29530 Waggle Drive San Antonio, FL 33576
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete EGER, BARBARA 13318 OMEGA COURT DADE CITY, FL 33525			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Glen M. Thompson 36637 Missouri Avenue Dade City, FL 33523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HANSEN, MAY P 38111 COUNTRY SIDE PLACE DADE CITY, FL 33525			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 M. Thompson April 14, 2007 (352) 567-7449	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	