
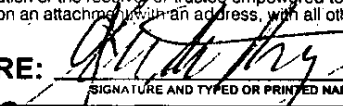


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90020 031 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2440536	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, GLEN 36637 MISSOUR AVE. DADE CITY, FL 33523			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GREGORY P		NAME	Joy Mogyrosy	
STREET ADDRESS	11349 FORT KING RD		STREET ADDRESS	12139 Victor Lane	
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP	Dade City, FL 33525	
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	1 st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOGYOROSY, JOY		NAME	Gregory P. Smith	
STREET ADDRESS	12139 VICTOR LN		STREET ADDRESS	12628 Pompano Street	
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP	San Antonio, FL 33576	
TITLE	1VP	<input checked="" type="checkbox"/> Delete	TITLE	2 nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, CAROL		NAME	ReJoyce Carter	
STREET ADDRESS	7206 BERRY ROAD		STREET ADDRESS	11301 Sally Road	
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP	Dade City, FL 33525	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REILY, JEANETTE		NAME		
STREET ADDRESS	29530 WAGGLE DR		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, FL 33576		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, GLEN M		NAME	Glen M. Thompson	
STREET ADDRESS	36637 MISSOURI AVE		STREET ADDRESS	36637 Missouri Avenue	
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP	Dade City, FL 33523	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSEN, MAY P		NAME		
STREET ADDRESS	38111 COUNTRY SIDE PLACE		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP		
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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> JANUARY 22, 2008		
			<small>Daytime Phone #</small> 352.567.7449		