


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 A
Secretary of State

DOCUMENT # 765532	
1. Entity Name FRIENDS OF THE LAKE PLACID PUBLIC LIBRARY, INC.	

Principal Place of Business 205 W. INTERLAKE BLVD. LAKE PLACID, FL 33852	Mailing Address 205 W. INTERLAKE BLVD. LAKE PLACID, FL 33852
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01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2238549	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

CRESSWELL, MERRY
9230 VINEWOOD COURT
SEBRING, FL 33875

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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, 2008	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 CRESSWELL, MERRY 9230 VINEWOOD COURT SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANLEY, MARK PO BOX 1830 LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORLEY, ROBIN 519 LAKESIDE DRIVE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALVEY, MILLICENT 154 LAKE FRANCIS DT LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASKEW, MARJORIE 236 LIME RD NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKINNEY, WANDA 3329 PLACID VIEW DRIVE LAKE PLACID, FL 33852

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02/14/08-80042-011 61.25

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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: Millicent Falvey 1-29-07 813-465-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Millicent Falvey