



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90009 030 \*\*\*\*61.25

<b>DOCUMENT # 771180</b> 1. Entity Name <b>CRESCENT CITY LIBRARY BOARD, INC.</b>					
Principal Place of Business <b>610 N. SUMMIT ST. CRESCENT CITY, FL 32112</b>			Mailing Address <b>610 N. SUMMIT ST. CRESCENT CITY, FL 32112</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		01062008    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>59-2390156</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>LAGROW, JANET 206 WHITE RD CRESCENT CITY, FL 32112</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Janet LaGrow</u> <u>Janet LaGrow</u> <u>2-21-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RHODERICK, CARLA 2359 US 17 SOUTH CRESCENT CITY, FL 32112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Don Strickland 414 Chestnut St Crescent City, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINETTE, BETTY 208 WHITE RD CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Pat Edwards 200 Crescent Lake Dr Crescent City, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLYTHE, ELSIE PO BOX 78 N/A GEORGETOWN, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEAR, ACRES P.O. BOX 105 SATSUMA, FL 32189	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAGRON, JANET 206 WHITE RD CRESCENT CITY, FL 32112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLAND, FREIDA 614 OFF HWY 17 CRESCENT CITY, FL 32112	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE: <u>Janet LaGrow</u>      <u>Janet LaGrow</u>      <u>2-21-08</u>      <u>386-6982356</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					