2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003999

FILED Apr 04, 2006 Secretary of State

Entity Name: FRIENDS OF THE WEST ORANGE LIBRARY, INC.

Current Principal Place of Business: New Principal Place of Business: 150 TEMPLE GROVE DRIVE WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** PO BOX 771006 WINTER GARDEN, FL 34777 FEI Number: 59-3724877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'DONIEL- DAVIS, YVONNE 17517 DEER ISLE CIRCLE US WINTER GARDEN, FL 34787 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition VAN DEVENTER, THEODORE H Name: Name: 1550 COLUSO DRIVE Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: O'DONIEL-DAVIS, YVONNE A Name: WILDER, CHARLIE MAE Address: 17517 DEER ISLE CIRCLE Address: 1007 STUCKI TERRACE City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: () Delete Title: () Change () Addition ACTON, GLENDA S Name: Name: 202 TILDENVILLE SCHOOL ROAD Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: ST () Delete Title: () Change () Addition Name: HEIDT, DEL R Name: Address: 367 FLORAL DRIVE Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition YOUNGBLOOD, ELLEN M Name: Name: 389 FLORAL DR Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: (X) Change () Addition HINSON, JEANNE B O'DONIEL-DAVIS, YVONNE A Name: Name: Address: 150 TEMPLE GROVE DR Address: 17517 DEER ISLE CIRCLE WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEL R. HEIDT ST 04/04/2006