


FILED  
Apr 30, 2007 8:00 am  
Secretary of State

04-30-2007 90856 046 \*\*\*\*61.25

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # N00000003999</b>			
1. Entity Name <b>FRIENDS OF THE WEST ORANGE LIBRARY, INC.</b>			
Principal Place of Business <b>150 TEMPLE GROVE DRIVE WINTER GARDEN, FL 34787</b>		Mailing Address <b>PO BOX 771006 WINTER GARDEN, FL 34777</b>	
2. Principal Place of Business - No P.O. Box # <b>805 E. Plant St.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Winter Garden, FL</b>		City & State	
Zip <b>34787</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>59-3724877</b>		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 <b>O'DONIEL-DAVIS, YVONNE 17517 DEER ISLE CIRCLE WINTER GARDEN, FL 34787</b>		7. Name and Address of New Registered Agent Name <b>Ellen Youngblood</b> Street Address (P.O. Box Number is Not Acceptable) <b>389 FLORAL DR.</b> City <b>Winter Garden FL</b> Zip Code <b>34787</b>	
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 <b>Ellen Youngblood, P.A. Ellen Youngblood</b> DATE <b>2/27/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	D VAN DEVENTER, THEODORE H 1550 COLUSO DRIVE WINTER GARDEN, FL 34787 <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	P WILDER, CHARLIE MAE 1007 STUCKI TERRACE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S LORRAINE BURCH 101 CROSS ST. OAKLAND, FL 34760</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACTON, GLENDA S 202 TILDENVILLE SCHOOL ROAD WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D KEN WHITAKER 374 Silver Maple Rd. GROVELAND, FL 34736</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEIDT, DEL R 367 FLORAL DRIVE WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNGBLOOD, ELLEN M 389 FLORAL DR WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONIEL-DAVIS, YVONNE A 17517 DEER ISLE CIRCLE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D JEANNE HINSON 150 Temple Grove Dr. Winter Garden, FL 34787</b>
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: <b>Del R. Heidt</b>		Date <b>4/21/07</b> Daytime Phone # <b>(407) 676-6825</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			