


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90024 001 ****61.25

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1. Entity Name
FRIENDS OF THE FREEDOM PUBLIC LIBRARY, INC.



Principal Place of Business
**5870 SW 95TH ST.
 OCALA, FL 34476**

Mailing Address
**9973 SW 59TH CIRCLE
 OCALA, FL 34476**

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



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1035317

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WISE, JANET
 9973 SW 59TH CIRCLE
 OCALA, FL 34476**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 *Janet Wise* DATE 1-24-07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WISE, JANET	
STREET ADDRESS	9973 SW 59TH CIRCLE	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN WAGONER, CAROL	
STREET ADDRESS	8758 SW 116TH PLACE RD.	
CITY-ST-ZIP	OCALA, FL 34478	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, KERMIT	
STREET ADDRESS	11479 SW 78TH CIRCLE	
CITY-ST-ZIP	OCALA, FL 34478	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, JOAN	
STREET ADDRESS	10964 SW 53 AD CIRCLE	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL VAN WAGONER BRISTOW	
STREET ADDRESS	75 123RD ST. RD.	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Janet Wise* DATE 1-24-07 DAYTIME PHONE # 352-351-9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #