


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90044 015 ****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**

40000456



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01032008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
65-1035317

Applied For
 Not Applicable

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

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 _____ (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. **\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, JANET	NAME	
STREET ADDRESS	9973 SW 59TH CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34476	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WAGONER, CAROL	NAME	PATRICIA BABSKI
STREET ADDRESS	75 123 RD STREET	STREET ADDRESS	10390 SW 41ST AVE
CITY-ST-ZIP	OCALA, FL 34480	CITY-ST-ZIP	OCALA FL 34476
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, KERMIT	NAME	
STREET ADDRESS	11479 SW 78TH CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34478	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, JOAN	NAME	
STREET ADDRESS	10964 SW 53 AD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34476	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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* **JANET WISE** **1-4-08** **352-351-9757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #