# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 14, 2005 8:00 am**
**Secretary of State**
03-14-2005 90080 022 ****61.25

DOCUMENT # N00000008425

1. Entity Name
FRIENDS OF THE PACE AREA LIBRARY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 2068<br>PACE, FL 32571 | PO BOX 2068<br>PACE, FL 32571 |

02202005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number
59-3562258
☐ Applied For
☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| STEWART, DANIEL<br>3895 HWY. 90<br>PACE, FL 32571 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Daniel Stewart 3/6/05
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, 2005**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>TWARKINS, TOM<br>4932 WOODBINE RD.<br>PACE, FL 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Ralph Crago<br>5300 Rowe Trail<br>Pace, FL 32571-9547 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>LYLE, MARTHA<br>4101 BAY FRONT TERRACE<br>PACE, FL 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | B<br>CRAGO, TERRY<br>5300 ROWE TRAIL<br>PACE, FL 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>COLLINS, JENNIE R<br>4726 PINE LANE<br>PACE, FL 32571 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>TWARKINS, FERRYN<br>4932 WOODBINE RD.<br>PACE, FL 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | B<br>MCDANIEL, KIM<br>2721 DE LUNA WAY<br>MILTON, FL 32583 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Ralph Crago RALPH CRAGO 2/21/05 (850)4841874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #