


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # N00000008425 1. Entity Name FRIENDS OF THE PACE AREA LIBRARY, INC.	
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Principal Place of Business PO BOX 2068 PACE, FL 32571	Mailing Address PO BOX 2068 PACE, FL 32571
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3562258	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 STEWART, DANIEL 3895 HWY. 90 PACE, FL 32571	DO NOT WRITE IN THIS SPACE
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TWARKINS, TOM 4932 WOODBINE RD. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYLE, MARTHA 4101 BAY FRONT TERRACE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B CRAGO, TERRY 5300 ROWE TRAIL PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAGO, RALPH 5300 ROWE TRAIL PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TWARKINS, FERRY N 4932 WOODBINE RD. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B YARRINGTON, MARYJANE 3275 COBBLESTONE DR. MILTON, FL 32571

U00000738937
05/14/07-80005-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **RALPH CRAGO** 12/24/2007 850 4841874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #