

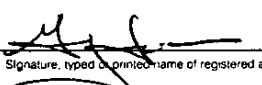
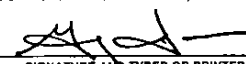


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 27 AM 8:55

<b>DOCUMENT # N01000003070</b> 1. Entity Name <b>HOWEY-IN-THE-HILLS LIBRARY FOUNDATION, INC.</b>					
Principal Place of Business <del>710 SANTA CRUZ LANE</del> <b>HOWEY-IN-THE-HILLS, FL 34737</b>			Mailing Address <del>P.O. BOX 171</del> <b>HOWEY-IN-THE-HILLS, FL 34737</b>		
2. Principal Place of Business <b>115 W. Magnolia Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>115 W. Magnolia Ave</b> Suite, Apt. #, etc.			
City & State <b>Howey-in-the-Hills, FL</b>		City & State <b>Howey-in-the-Hills, FL</b>		06192006 Chg-NP CR2E037 (4/06)	
Zip <b>34737</b>		Country <b>USA</b>		4. FEI Number <b>59-3722252</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>HILL, DOROTHY B</b> <b>709 SANTA CRUZ LANE</b> <b>HOWEY-IN-THE-HILLS, FL 34737</b>			7. Name and Address of New Registered Agent Name <b>George Jackson</b> Street Address (P.O. Box Number is Not Acceptable) <b>115 W. Magnolia Ave</b> City <b>Howey-in-the-Hills FL</b> Zip Code <b>34737</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>George Jackson P/S/T</b> <span style="float: right;">7-24-2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;"><small>DATE</small></span>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	S/T HILL, PLOYER P P.O. BOX 171 HOWEY-IN-THE-HILLS, FL 34737	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T George Jackson 115 W. Magnolia Ave Howey-in-the Hills, FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, DOROTHY B P.O. BOX 171 HOWEY-IN-THE-HILLS, FL 34737	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500078381755 08/04/06--01045--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>George Jackson</b> <span style="float: right;">07/24/2006 3523242313</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>					