

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90111 012 \*\*\*\*61.25

**DOCUMENT # N01000004760**

1. Entity Name

FRIENDS OF THE LIBRARY, DUNDEE, INC.



Principal Place of Business

101 SHEPARD AVENUE  
DUNDEE FL 33838

Mailing Address

PO BOX 1467  
DUNDEE FL 33838



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3692246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PERCY, MARIA  
304 SHEPARD AVENUE  
BRADLEY FL 33835

7. Name and Address of New Registered Agent

Name

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

City

DUNDEE

FL

Zip Code

33838

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 PD  
NAME REID, WENDY J  
STREET ADDRESS 418 5TH STREET S  
CITY-ST-ZIP DUNDEE FL 33838 ☐ Delete

TITLE VD  
NAME PERCY, MARIA  
STREET ADDRESS 304 SHEPARD AVE  
CITY-ST-ZIP DUNDEE FL 33838 ☐ Delete

TITLE TD  
NAME DELVALLE, LINDA  
STREET ADDRESS 316 SHEPARD AVE  
CITY-ST-ZIP DUNDEE FL 33838 ☐ Delete

TITLE SD  
NAME REID, WILLIAM B  
STREET ADDRESS 418 5TH STREET S  
CITY-ST-ZIP DUNDEE FL 33838 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME REID, WENDY J  
STREET ADDRESS 1426 FLAGLER  
CITY-ST-ZIP KEY WEST, FL 33040 ☒ Change ☐ Addition

TITLE PD  
NAME PERCY, MARIA  
STREET ADDRESS 304 SHEPARD AVE  
CITY-ST-ZIP DUNDEE, FL 33838 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME REID, WILLIAM B  
STREET ADDRESS 1426 FLAGLER  
CITY-ST-ZIP KEY WEST, FL 33040 ☒ Change ☐ Addition

TITLE SD  
NAME GLOGOWSKI, CHERYL  
STREET ADDRESS 254 ALPINE DR. E  
CITY-ST-ZIP WINTER HAVEN, FL 33881 ☐ Change ☒ Addition

TITLE VD  
NAME GLOGOWSKI, DAVID A.  
STREET ADDRESS 254 ALPINE DR. E  
CITY-ST-ZIP WINTER HAVEN, FL 33881 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Linda J. del Valle Linda J. del Valle

4/6/06

(863)439-9079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #