


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000004760 1. Entity Name FRIENDS OF THE LIBRARY, DUNDEE, INC.	
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Principal Place of Business 28037 U.S. HWY. 27 DUNDEE, FL 33838	Mailing Address PO BOX 1467 DUNDEE, FL 33838
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DO NOT WRITE IN THIS SPACE



03242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3692246	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

**PERCY, MARIA
304 SHEPARD AVENUE
~~BRADLEY, FL 33835~~
Dundee, FL 33838**

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IN THIS SPACE**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000952665 06/04/08-80088-023 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, WENDY J 1426 FLAGLER KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERCY, MARIA 304 SHEPARD AVE DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELVALLE, LINDA 316 SHEPARD AVE DUNDEE, FL 33838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, WILLIAM B 1426 FLAGLER KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLOGOWSKI, CHERYL 254 ALPINE DR EAST WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLOGOWSKI, DAVID A 254 ALPINE DR EAST WINTER HAVEN, FL 33881

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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: Cheryl Glogowski 5/27/08 (863)293-6909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #