2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90114 024 ****61.25

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1. Entity Name
FRIENDS OF THE CITRUS COUNTY LIBRARY SYSTEM, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1703 HERNANDO, FL 34442-1703	P.O. BOX 1703 HERNANDO, FL 34442-1703

600123O3

01192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3746194 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZE, LESLIE C
8528 E. AQUARIUS DR
INVERNESS, FL 34450-2741

7. Name and Address of New Registered Agent

Name JO ANN ALEXANDER
Street Address (P.O. Box Number is Not Acceptable)
8504 E. GLASGOW PL
City INVERNESS **FL** Zip Code 34450-1714

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 Jo Ann Alexander 1/31/07
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, 2007

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	PD FRAZE, LESLIE C 8528 E AQUARIUS DR INVERNESS, FL 344502741	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOELE, LYNNE 6819 E. Entwood Ct Inverness FL 34453	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PRICE, SANDRA 720 GILCHRIST #6A BLG. 25 HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3293 N. Tyrone Ave. Hernando FL 34442	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEAN, JACKIE 2572 N WOODGATE DR BEVERLY HILLS, FL 34465	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RACINE, JEAN 1781 E. Westgate Ln Hernando FL 34442	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALEXANDER, JO ANN 8504 E GLASGOW PL INVERNESS, FL 344501714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASBURY, JULIE 21233 N. WATERSEDGE CRYSTAL RIVER, FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELDRIDGE, PAT 234 N DUNFRIES PT INVERNESS, FL 34450	☐ 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 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: Lynne L Boele (Lynne L. Boele) 2/1/07 352-637-3073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #