

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01826**

1. Entity Name  
**FRIENDS OF THE KEYSTONE HEIGHTS BRANCH  
LIBRARY, INC.**



Principal Place of Business  
**175 ORIOLE STREET  
KEYSTONE HEIGHTS, FL 32656**

Mailing Address  
**P.O. BOX 1523  
KEYSTONE HEIGHTS, FL 32656**



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2438932**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHIELDS, ANNE  
6906 DEER SPRINGS ROAD  
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE  
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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TEAGUE, JUANITA
STREET ADDRESS	7824 ST. RD 21
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	TD
NAME	MALLARD, AIDA
STREET ADDRESS	6768 BEDFORD LAKE RD.
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL
TITLE	SD
NAME	EDDINS, PAULA
STREET ADDRESS	RT. 2, BOX 245
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL
TITLE	D
NAME	SHIELDS, ANNE
STREET ADDRESS	6906 DEER SPRINGS RD.
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL
TITLE	D
NAME	BUCKRIDGE, ROSEMARY
STREET ADDRESS	6905 DEER SPRINGS ROAD
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL
TITLE	VPD
NAME	SPONHOLTZ, ANNE
STREET ADDRESS	6537 TRIEST AVE.
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL

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01/18/06-800006-002 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:**

*Anne Shields*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06