

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 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**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2438932	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

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) 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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEAGUE, JUANITA 7824 ST. RD 21 KEYSTONE HEIGHTS, FL 32656
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALLARD, AIDA 6788 BEDFORD LAKE RD. KEYSTONE HEIGHTS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDDINS, PAULA RT. 2, BOX 245 KEYSTONE HEIGHTS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, ANNE 6906 DEER SPRINGS RD. KEYSTONE HEIGHTS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKRIDGE, ROSEMARY 6905 DEER SPRINGS ROAD KEYSTONE HEIGHTS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPONHOLTZ, ANNE 6537 TRIEST AVE. KEYSTONE HEIGHTS, FL
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01/05/07-80006-001 61.25

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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

1/04/07
Date Daytime Phone #