

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90042 039 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # N01826</b><br>1. Entity Name<br><b>FRIENDS OF THE KEYSTONE HEIGHTS BRANCH LIBRARY, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>175 ORIOLE STREET<br/>KEYSTONE HEIGHTS, FL 32656</b>   |  |   | Mailing Address<br><b>P.O. BOX 1523<br/>KEYSTONE HEIGHTS, FL 32656</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.                              |  |  |
| City & State   |  |   | City & State   |  |  |
| Zip  |  | Country   |  | Zip  |  |
| Country  |  | Country   |  | 4. FEI Number<br><b>59-2438932</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>SHIELDS, ANNE<br/>6906 DEER SPRINGS ROAD<br/>KEYSTONE HEIGHTS, FL 32656</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Whipple, Margaret</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>345 SW Peach Street</b><br>City <b>Keystone Heights</b> <b>FL</b> Zip Code <b>32656</b> |  |
| 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 <i>Margaret Whipple</i> <span style="float: right;"><i>January 30, 2008</i></span><br><small>Signature, typed or printed name of registered agent and trust, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>TEAGUE, JUANITA<br>7824 ST. RD 21<br>KEYSTONE HEIGHTS, FL 32656       | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>MALLARD, AIDA<br>6768 BEDFORD LAKE RD.<br>KEYSTONE HEIGHTS, FL       | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>EDDINS, PAULA<br>RT. 2, BOX 245<br>KEYSTONE HEIGHTS, FL              | <input checked="" type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>SHIELDS, ANNE<br>6906 DEER SPRINGS RD.<br>KEYSTONE HEIGHTS, FL        | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>BUCKRIDGE, ROSEMARY<br>6905 DEER SPRINGS ROAD<br>KEYSTONE HEIGHTS, FL | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VPD<br>SPONHOLTZ, ANNE<br>6537 TRIEST AVE.<br>KEYSTONE HEIGHTS, FL         | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>Seabrook, Paula<br>675 Jasmine Ave.<br>Keystone Heights, Fl 32656    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>Seabrook, Paula<br>675 Jasmine Ave.<br>Keystone Heights, Fl 32656    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>Seabrook, Paula<br>675 Jasmine Ave.<br>Keystone Heights, Fl 32656    | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Rosemary Buckridge</i> <span style="float: right;"><i>1-30-2008</i> <i>352-473-4286</i></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |  |  |