


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90078 047 ****61.25

DOCUMENT # N02000001235 1. Entity Name THE FRIENDS OF THE FOREST PUBLIC LIBRARY, INC.					
Principal Place of Business 777 SOUTH COUNTY ROAD 314A OCKLAWAHA, FL 32179			Mailing Address 777 SOUTH COUNTY ROAD 314A OCKLAWAHA, FL 32179		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-1976251	
				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			7. Name and Address of New Registered Agent		
NELSON, MARY LOU 2290 NE 145 AVE RD SILVER SPRINGS, FL 34488			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, MARY LOU		NAME	HARRIS, DIANA	
STREET ADDRESS	2290 NE 145 AVE RD		STREET ADDRESS	770 - S.W. 170 Ave.	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	SILVER SPRINGS, FL 34488	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, DIANA		NAME	NELSON, MARY LOU	
STREET ADDRESS	770-SO 170TH AVE		STREET ADDRESS	2290 N.E. 145 Ave. Rd.	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	SILVER SPRINGS, FL 34488	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PYNN, MADELINE		NAME		
STREET ADDRESS	2260 NE 145 AVE RD		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILEY, ANITA		NAME		
STREET ADDRESS	5290 SE 137TH AVE RD		STREET ADDRESS		
CITY-ST-ZIP	OCKLAWAHA, FL 32179		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SIMONDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMONOS, SUE		NAME	78	
STREET ADDRESS	391 SE 165TH CT RD		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCFARLAND, NANCY		NAME		
STREET ADDRESS	391 SE 165TH CT RD		STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Mary Lou Nelson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # (352) 625-7534		