


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90086 022 ****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	
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 NELSON, MARY LOU 2290 NE 145 AVE RD SILVER SPRINGS, FL 34488			7. Name and Address of New Registered Agent Name HARRIS, DIANA Street Address (P.O. Box Number is Not Acceptable) 770 SE 170TH AVE. City SILVER SPRINGS FL Zip Code 34488		
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 <u><i>Diana Harris</i></u> (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. <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 NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, MARY LOU 2290 NE 145 AVE RD SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, DIANA 770 SOUTHWEST 170 AVENUE SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PYNN, MADELINE 2260 NE 145 AVE RD SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILEY, ANITA 5290 SE 137TH AVE RD OCKLAWAHA, FL 32179	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMONDS, SUE 391 SE 165TH CT RD SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCFARLAND, NANCY 391 SE 165TH CT RD SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAIRE THERIAULT 391 SE 165TH CT. RD. SILVER SPRINGS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WICK WEHRING 18720 SE 21ST PL. SILVER SPRINGS FL 34488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP	<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: <u><i>Diana Harris</i></u> 4-15-06 352-625-6021 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					