

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000001235

1. Entity Name

THE FRIENDS OF THE FOREST PUBLIC LIBRARY,
INC.



Principal Place of Business

Mailing Address

777 SOUTH COUNTY ROAD 314A
OCKLAWAHA FL 32179

777 SOUTH COUNTY ROAD 314A
OCKLAWAHA FL 32179

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HARRIS, DIANA
770 ST 170TH AVE
SILVER SPRINGS FL 34488

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-stating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HARRIS, DIANA
STREET ADDRESS 770 SOUTHWEST 170 AVENUE
CITY-STATE-ZIP SILVER SPRINGS FL 34488

TITLE SD ☐ Delete
NAME PYNN, MADELINE
STREET ADDRESS 2260 NE 145 AVE RD
CITY-STATE-ZIP SILVER SPRINGS FL 34488

TITLE S ☐ Delete
NAME THERIAULT, CLAIRE
STREET ADDRESS 391 SE 165TH CT RD
CITY-STATE-ZIP SILVER SPRINGS FL

TITLE T ☐ Delete
NAME WEHRING, NICK
STREET ADDRESS 18720 ST 21ST PL
CITY-STATE-ZIP SILVER SPRINGS FL 34488

TITLE PD ☐ Delete
NAME MCFARLAND, NANCY
STREET ADDRESS 391 SE 165TH CT RD
CITY-STATE-ZIP SILVER SPRINGS FL 34488

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U00000657393
03/14/07-80067-007 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 817, 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: *Diana Harris* DIANA HARRIS 2-28-07 352 625 6021

FILED
Mar 06, 2007 08:00 A
Secretary of State



1st MOORE

CR2E037 (10/06)

4. FEI Number

43-1976251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code