

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90001 019 ****61.25

DOCUMENT # N03000008423

1. Entity Name

DEFUNIAK SPRINGS FRIENDS OF THE LIBRARY, INC.



Principal Place of Business

3 CIRCLE DRIVE
DEFUNIAK SPRINGS FL 32435

Mailing Address

P.O. BOX 134
DEFUNIAK SPRINGS FL 32435



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0381259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MARK D ESQ.
694 BALDWIN AVENUE
SUITE 1
DEFUNIAK SPRINGS FL 32435

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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 WRIGHT, JANE H
STREET ADDRESS 419 S. 2ND STREET
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

TITLE STD ☒ Delete
NAME BEARDEN, EWA
STREET ADDRESS 130 SOUTH 17TH STREET
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE VD ☐ Delete
NAME HOLLEY, GLADYS E
STREET ADDRESS 300 BAY AVE
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME MCLELLAN, BARBARA
STREET ADDRESS 464 HEWETT ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE STD ☒ Change ☐ Addition
NAME RYAN, ANNE O.
STREET ADDRESS 143 MCGARBLE ROAD SOUTH
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

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

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

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

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

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 O. Ryan Anne O. Ryan

7-20-06 (858)892-0545