

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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**



01122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000787190
01/17/08-80073-002 61.25

10. OFFICERS AND DIRECTORS

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

TITLE STD
NAME RYAN, ANNE O
STREET ADDRESS 143 MCGARIGLE ROAD SOUTH
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08 850-892-0545
Date Daytime Phone #