

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008423

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** DEFUNIAK SPRINGS FRIENDS OF THE LIBRARY, INC.

**Current Principal Place of Business:**

3 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 134  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

**FEI Number:** 20-0381259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARRIS, ANITA  
Address: 1859 WARD ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: STD  
Name: STREET, KAY  
Address: 103 VINES ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VD  
Name: BURNS, MARY  
Address: 537 NORTH 20TH STREET, #21  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: TREA  
Name: RYAN, ANNE O  
Address: 143 MCGARIGLE ROAD SOUTH  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE O. RYAN

TREA

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date