

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90435 033 ****70.00

DOCUMENT # N04000004228 1. Entity Name WEST OSCEOLA FRIENDS OF THE LIBRARY, INC.					
Principal Place of Business LAKEVIEW VOLUNTEER LIBRARY 631 SYCAMORE ST. CELEBRATION, FL 34747			Mailing Address C/O MARY PFEIFFER 407 GREENBRIER AVE. CELEBRATION, FL 34747		
2. Principal Place of Business 52 RILEY ROAD		3. Mailing Address 52 RILEY RD			
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102			
City & State CELEBRATION, FL		City & State CELEBRATION, FL			
Zip 34747		Zip 34747			
Country: USA		Country: USA		4. FEI Number 55-0867200	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PFEIFFER, MARY V 407 GREENBRIAR AVE. CELEBRATION, FL 34747			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 52 RILEY RD #102 City CELEBRATION FL Zip Code 34747		
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>MARY V. PFEIFFER</u> <u>Mary V Pfeiffer</u> <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registration.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	P PFEIFFER, MARY V 407 GREENBRIAR AVE. CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 RILEY ROAD #102 CELEBRATION, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWARZ, CAROL A 7862 W. IRLON BRONSON NO. 318 KISSIMMEE, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 RILEY ROAD #102 CELEBRATION, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOOPER, MARGARET M 912 WATERSIDE DR. CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 RILEY ROAD #102 CELEBRATION, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUINN, RICHARD A 1007 PERIWINKLE CT. CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 52 RILEY ROAD #102 CELEBRATION, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, RONALD E 709 EASTLAWN DR. CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D PATRICIA A. WASSON 52 RILEY RD #102 CELEBRATION, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONRAD, LINDA 405 GREENBRIAR AVE. CELEBRATION, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARY V. PFEIFFER <u>Mary V Pfeiffer</u> <u>4/28/05</u> <u>407-566-8542</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					