

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90026 018 ****61.25

DOCUMENT # N04517

1. Entity Name
**THE FRIENDS OF PORT ORANGE LIBRARY CENTER,
INC.**



Principal Place of Business
**1005 CITY CENTER CIRCLE
PORT ORANGE, FL 32119 US**

Mailing Address
**1005 CITY CENTER CIRCLE
PORT ORANGE, FL 32119 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2445047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, EVA
116 CIRCLING WOOD CT
PORT ORANGE, FL 32128**

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

Eva Williams

Signature, typed or printed name of registered agent and the applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **WILLIAMS, EVA**
STREET ADDRESS **116 CIRCLING WOOD CT.**
CITY-ST-ZIP **PORT ORANGE, FL 32128**

TITLE **DAS** ☐ Change ☒ Addition
NAME **MIKE KUZMYAK**
STREET ADDRESS **6141 SEQUOIA DR**
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE **S** ☐ Delete
NAME **TORRANT, SUSAN**
STREET ADDRESS **5921 SHADY CREEK LANE**
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE **DAS** ☐ Change ☒ Addition
NAME **ELIZABETH MABRY**
STREET ADDRESS **108 REGENCY DR**
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE **DT** ☐ Delete
NAME **MCDONALD, MARY E.**
STREET ADDRESS **111 STRATFORD SQAURE**
CITY-ST-ZIP **PORT ORANGE, FL**

TITLE **DAS** ☐ Change ☒ Addition
NAME **MARILYN ROBERTS**
STREET ADDRESS **1321 CALLE DEL SOL CIRCLE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32129**

TITLE **DAS** ☒ Delete
NAME **THORSEN, LILLIAN**
STREET ADDRESS **3823 LONG GROVE LANE**
CITY-ST-ZIP **PORT ORANGE, FL 32119**

TITLE **DAS** ☐ Change ☒ Addition
NAME **GENEVIEVE LARSEN**
STREET ADDRESS **1265 HARMS WAY**
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE **DAS** ☐ Delete
NAME **COX, JEAN**
STREET ADDRESS **828 WILDWOOD COURT**
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **DAS** ☐ Change ☒ Addition
NAME **CINDY PAGLIARI**
STREET ADDRESS **PO Box 291534**
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE **DAS** ☐ Delete
NAME **COOK, MARJORIE**
STREET ADDRESS **106 HICKORY LANE**
CITY-ST-ZIP **PORT ORANGE, FL 32127**

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: *MARY E MCDONALD, Trust*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3, 2006 386 322 5152
Date Daytime Phone #