


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90069 012 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip <u>32129</u>	Country	Zip <u>32129</u>	Country	4. FEI Number 59-2445047	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>EVA WILLIAMS</u> 3.22.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 P NAME WILLIAMS, EVA STREET ADDRESS 116 CIRCLING WOOD CT. CITY-ST-ZIP PORT ORANGE, FL 32128	<input type="checkbox"/> Delete		TITLE Director NAME Michael Kuzmyak STREET ADDRESS 6141 Sequoia Dr. CITY-ST-ZIP Port Orange, FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME TORRANT, SUSAN STREET ADDRESS 5921 SHADY CREEK LANE CITY-ST-ZIP PORT ORANGE, FL 32129	<input type="checkbox"/> Delete		TITLE Director NAME Genevieve Larsen STREET ADDRESS 1265 Harms Way CITY-ST-ZIP Port Orange, FL 32129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME MCDONALD, MARY E. STREET ADDRESS 111 STRATFORD SQUARE CITY-ST-ZIP PORT ORANGE, FL	<input type="checkbox"/> Delete		TITLE Director NAME Robert Bird STREET ADDRESS 908 N. Lakewood Tr. CITY-ST-ZIP Port Orange, FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DAS NAME ROBERTS, MARILYN STREET ADDRESS 1321 CALLE DEL SOL CIRCLE CITY-ST-ZIP PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DAS NAME COX, JEAN STREET ADDRESS 828 WILDWOOD COURT CITY-ST-ZIP PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DAS NAME PAGLIARI, CINDY STREET ADDRESS P.O. BOX 291534 CITY-ST-ZIP PORT ORANGE, FL 32129	<input type="checkbox"/> Delete		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 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: <u>Eva Williams</u> 3.22.07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
H0041515
#N04517

Please add to our annual report form:

Director:

Malcolm Eich
1357 Flor Del Sol Drive
Port Orange, FL 32129
386-761-2748
(h): eeich@cfl.rr.com

Director:

Dora Graber
1 Oceans West Blvd. #2A1
Daytona Beach Shores, Fl. 32127
386-304-7112

Director/Membership Chairman:

Susie Greiff
697 Breckenridge Dr.
Port Orange, FL 32127
386-767-3153
Cell: 386-214-4014
(h): sgreiff@bellsouth.net