

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N04567

1. Entity Name
**THE FRIENDS OF THE LAKE HELEN PUBLIC LIBRARY,
INC.**



Principal Place of Business
**221 N. EUCLID AVE
LAKE HELEN, FL 32744 US**

Mailing Address
**221 N. EUCLID AVE
LAKE HELEN, FL 32744 US**



01252007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2405555

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNEIDER, DOROTHY
261 N. LAKEVIEW DR
LAKE HELEN, FL 32744**

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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 reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BLACKMAN, NORMA 226 N. EUCLID AVE. LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HUGHES, CONNIE A 386 N. LAKEVIEW DR.. LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WILSON, NANCY 212 N. EUCLID AVENUE LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, NANCY 212 N. EUCLID AVENUE LAKE HELEN, FL 32744
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02/22/07-80002-006 61.25

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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: Nancy Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07
Date

386-228-7267
Daytime Phone #