

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90015 044 ****61.25

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1. Entity Name
**ADA T. PAYNE FRIENDS OF THE URBAN LIBRARIES ,
INC.**

Principal Place of Business
**1505 N. NEBRASKA AVENUE
TAMPA, FL 33605 US**

Mailing Address
**1505 N. NEBRASKA AVENUE
TAMPA, FL 33605 US**

50019785



2. Principal Place of Business
1505 N. Nebraska Ave.

3. Mailing Address
P.O. Box 76011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242006

Chg-NP

CR2E037 (4/06)

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
20-3420917

Applied For

Not Applicable

Zip
33605

Country
US

Zip
33675

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILHITE, SARAH
3812 GUNN HIGHWAY
TAMPA FL, FL 33618**

7. Name and Address of New Registered Agent

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

SARAH WILHITE

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

(NOTE: Registered Agent signature required when reinstating)

05-23-06

DATE

**Filing Fee is \$61.25
Due by September 6, 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

TITLE **P** ☐ Delete
NAME **HEARNS, CHARLES F**
STREET ADDRESS **6002 CATLIN DR.**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **VP** ☐ Delete
NAME **SMITH, AARON DR.**
STREET ADDRESS **6601 ORANGEWOOD TERRACE**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE **Treasurer** ☐ Delete
NAME **Shelisia Bradley**
STREET ADDRESS **P.O. Box 5954**
CITY-ST-ZIP **Tampa, FL 33675**

TITLE **Correspondence Secretary** ☐ Delete
NAME **Murna Shuman**
STREET ADDRESS **2115 State Street**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **Secretary** ☐ Delete
NAME **Mary James**
STREET ADDRESS **P.O. Box 151821**
CITY-ST-ZIP **Tampa, FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Shelisia Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-23-06

Date

(813) 274-5833

Daytime Phone #