


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 008 ****61.25

DOCUMENT # N05000012202 1. Entity Name FRIENDS OF THE LATT MAXCY MEMORIAL LIBRARY, INC.					
Principal Place of Business 15 N MAGNOLIA AVE FROSTPROOF, FL 33843			Mailing Address 15 N MAGNOLIA AVE FROSTPROOF, FL 33843		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-4152354	
				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	
HADDEN, MELISSA 15 N MAGNOLIA AVE FROSTPROOF, FL 33843				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODLEY, DANA V		NAME	REGINA BENNETT, REGINA	
STREET ADDRESS	1501 N SCENIC HWY		STREET ADDRESS	437 AL SEITE N. SCENIC HWY.	
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, JUDY C		NAME		
STREET ADDRESS	509 N SCENIC HWY		STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, ELFRIEDE		NAME	PACKENTHAL, MARY	
STREET ADDRESS	1872 N LAKE REEDY BLVD		STREET ADDRESS	368 LAKE SUZANNE DR.	
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, CAROLE		NAME		
STREET ADDRESS	1893 N LAKE REEDY BLVD		STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Carole McDonald</u> CAROLE McDONALD					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 6/19/06 Daytime Phone # 863-635-1169	

ATTACHMENT

40096793

FRIENDS OF THE LATT MAXCY MEMORIAL LIBRARY, INC.
15 North Magnolia Avenue, Frostproof, Florida 33843

June 19, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2006 ~~Not-For-Profit-Corporation~~ Annual Report
Document #N05000012202

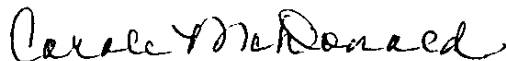
Ladies and Gentlemen:

I am writing to enclose the above referenced document together with our check for \$61.25 representing our filing fee for 2006.

Our corporation was just started in December of 2005. Your post card notice for the 2006 report was evidently received by our former corporate secretary early in the year when she was in process of moving to Tennessee. For this reason, your post card was not found and did not get called to my attention until after the May 1 due date. Further, I was confused by the statement on the report indicating that the filing fee is due by September 6, 2006. Under the circumstances, we will greatly appreciate your waiving any late filing penalty which might otherwise be due.

Many thanks for your kind cooperation in this matter.

Sincerely,



Carole McDonald
Treasurer

Enclosures