2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90020 011 ****61.25

DOCUMENT # N05000012202

1. Entity Name

FRIENDS OF THE LATT MAXCY MEMORIAL LIBRARY, INC.

Principal Place of Business	Mailing Address
15 N MAGNOLIA AVE FROSTPROOF FL 33843	15 N MAGNOLIA AVE FROSTPROOF FL 33843

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4152354 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HADDEN, MELISSA
15 N MAGNOLIA AVE
FROSTPROOF FL 33843

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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENNETT, REGINA 487 N SCENIC HWY FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHNSTON, JUDY C 509 N SCENIC HWY FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FACKENTHAL, MARY 368 LAKE SUZANNE DR LAKE WALES FL 33859	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOIS BACKUS 33 WEST F STREET FROSTPROOF FL 33843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, JUDY 509 W 7TH ST FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BINGHAM, BARBARA ~~PO BOX 818~~ ~~FROSTPROOF FL 33843~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9440 OAKWOOD DRIVE LAKE WALES, FL 33898	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X WOODLEY, DANA 1501 N SEENIE HWY FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bea Reifeis BEA REIFEIS 1-26-08 (863)635-2523

ATTACHMENT
400197716
#N05000012202

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FRIEND OF THE LATT MAXCY MEMORIAL LIBRARY
20-4152354

BLOCK II - continued

ADDITIONS:

REIFEIS, BEA TREASURER
133 MAXCY LANE
FROSTPROOF, FL 33843

SARA BOGART DIRECTOR
9 FT CLINCH HGTS RD
FROSTPROOF, FL 33843

GEORGE JACKSON ~~DIRECTOR~~ ASST TREASURER
509 WEST 7TH ST
FROSTPROOF, FL 33843