


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N05300 1. Entity Name FRIENDS OF THE EDGEWATER PUBLIC LIBRARY, INC.	
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Principal Place of Business C/O RUTH MCCORMACK 103 INDIAN RIVER BLVD. EDGEWATER, FL 32132 US	Mailing Address C/O RUTH MCCORMACK 103 INDIAN RIVER BLVD. EDGEWATER, FL 32132 US
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07102007 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1625648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCCORMACK, RUTH
103 INDIAN RIVER BLVD
EDGEWATER, FL 32132**

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

**Filing Fee is \$61.25
Due by September 14, 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	PD ANNE, MCDEVITT 610 PORTSIDE LANE EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KREIMIER, JEAN 117 AZALEA ROAD EDGEWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIKES, JOANNE 125 E PALM WAY EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/31/07-80006-019 61.25

**DO NOT WRITE
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: *Jean Kreimier Trapp* **7-26-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #