


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N07573 1. Entity Name FRIENDS OF THE LIBRARY OF HARDEE COUNTY, FLORIDA, INC.	
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Principal Place of Business 315 N. 6TH AVE. WAUCHULA, FL 33873	Mailing Address 315 N. 6TH AVE. WAUCHULA, FL 33873
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04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2588893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAMPSON, FRANCES V 1237 LOUISIANA WACHULA, FL 33873
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**DO NOT WRITE
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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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	VD JONES, DENNIS 100 INGLIS WAY WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMPSON, FRANCES 1237 LOUISIANA ST. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, GLORIA PO BOX 516 WAUCHULA, FL 33873
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/05-80007-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Frances Sampson 4-26-05 863-773-3701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #