

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.



Principal Place of Business Mailing Address
 315 N. 6TH AVE. 315 N. 6TH AVE.
 WAUCHULA, FL 33873 WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2588893 Applied For
 Not Applicable

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

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

U00000341231
 04/29/05-80007-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #