

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

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N15028

1. Entity Name
FRIENDS OF THE A. F. KNOTT'S PUBLIC LIBRARY, INC.



Principal Place of Business
**11 56TH ST.
YANKEETOWN, FL 34498**

Mailing Address
**P. O. BOX 11
YANKEETOWN, FL 34498**



04202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2677504

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOWERS, CHERIE E
30 PATRICIA DRIVE
YANKEETOWN, FL 34498**

**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 re-instating)

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
**VP
FRINK, PEG
39 MAGNOLIA AVE
YANKEETOWN, FL 34498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CHAMPAGNE, KARIN
33 MAGNOLIA AVE
YANKEETOWN, FL 34498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HENRY, MARY
34 ARAGON DR
INGLIS, FL 34449**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FEENEY, ELEANOR C
P.O. BOX 307
YANKEETOWN, FL 34498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, RUTH
24 PALM POINT DRIVE
INGLIS, FL 34449**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOWERS, CHERIE E.
34 PATRICIA
YANKEETOWN, FL 34498**

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04/21/05-80096-014 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-447-4212