


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90246 040 ****61.25

DOCUMENT # N15028 1. Entity Name FRIENDS OF THE A. F. KNOTTS PUBLIC LIBRARY, INC.					
Principal Place of Business 11 56TH ST. YANKEETOWN, FL 34498			Mailing Address P. O. BOX 11 YANKEETOWN, FL 34498		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03212006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2677504				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 BOWERS, CHERIE E 30 PATRICIA DRIVE YANKEETOWN, FL 34498				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP FRINK, PEG <input checked="" type="checkbox"/> Delete 39 MAGNOLIA AVE YANKEETOWN, FL 34498		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ARLENE EDMONSTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17 PALM DR. YANKEETOWN, FL 34498	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHAMPAGNE, KARIN <input type="checkbox"/> Delete 33 MAGNOLIA AVE YANKEETOWN, FL 34498		TITLE NAME STREET ADDRESS CITY - ST - ZIP	BARBARA EHRLGOTT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6112 RIVERSIDE DR. BOX 275 YANKEETOWN, FL 34498	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HENRY, MARY <input type="checkbox"/> Delete 34 ARAGON DR INGLIS, FL 34449		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FEENEY, ELEANOR C <input type="checkbox"/> Delete P.O. BOX 307 YANKEETOWN, FL 34498		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, RUTH <input checked="" type="checkbox"/> Delete 24 PALM POINT DRIVE INGLIS, FL 34449		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWERS, CHEIRE E. <input type="checkbox"/> Delete 34 PATRICIA YANKEETOWN, FL 34498		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>ELEANOR C. FEENEY</u> 03/27/06 352 447-3658 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					