

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90052 041 ****61.25

DOCUMENT # N15028

1. Entity Name
FRIENDS OF THE A. F. KNOTTS PUBLIC LIBRARY, INC.



40073784

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

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



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04012007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2677504

Applied For
Not Applicable

Zip Country

Zip Country

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

7. Name and Address of New Registered Agent

Name LINDA COHAN
Street Address (P.O. Box Number is Not Acceptable)
5107 RIVERSIDE DR.
City YANKEETOWN FL Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ARLENE, EDMONSTON	
STREET ADDRESS	17 PALM DR	
CITY-ST-ZIP	YANKEETOWN, FL 34498	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAMPAGNE, KARIN	
STREET ADDRESS	33 MAGNOLIA AVE	
CITY-ST-ZIP	YANKEETOWN, FL 34498	
TITLE	P	<input type="checkbox"/> Delete
NAME	HENRY, MARY	
STREET ADDRESS	34 ARAGON DR	
CITY-ST-ZIP	INGLIS, FL 34449	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FEENEY, ELEANOR C	
STREET ADDRESS	P.O. BOX 307	
CITY-ST-ZIP	YANKEETOWN, FL 34498	
TITLE	D-CDP	<input type="checkbox"/> Delete
NAME	EHRGOTT, BARBARA	
STREET ADDRESS	6112 RIVERSIDE DR. BOX 275	
CITY-ST-ZIP	YANKEETOWN, FL 34498	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWERS, CHEIRE E.	
STREET ADDRESS	34 PATRICIA	
CITY-ST-ZIP	YANKEETOWN, FL 34498	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEE, ELLEN	
STREET ADDRESS	31 PATRICIA RD.	
CITY-ST-ZIP	YANKEETOWN, FL 34498	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAELS, JILL	
STREET ADDRESS	29 S. HAWTHORNE DR.	
CITY-ST-ZIP	INGLIS, FL 34449	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Stacy ECM FEENEY-TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 447-3658