2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State
04-03-2008 90023 034 ****61.25

DOCUMENT # N15028

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

Principal Place of Business	Mailing Address
11 56TH ST. YANKEETOWN, FL 34498	P. O. BOX 11 YANKEETOWN, FL 34498

03212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
COHAN, LINDA 5107 RIVERSIDE DR YANKEETOWN, FL 34498	Name Street Address (P.O. Box Number is Not Acceptable) City **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 _____ 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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARLENE, EDMONSTON 17 PALM DR YANKEETOWN, FL 34498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KLEE, ELLEN 31 PATRICIA RD. YANKEETOWN, FL. 34498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHAMPAGNE, KARIN 33 MAGNOLIA AVE YANKEETOWN, FL 34498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAELS, JILL 295 HAWTHORNE DR. INGLIS, FL. 34449	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D HENRY, MARY 34 ARAGON DR INGLIS, FL 34449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDMONSTON, ARLENE 17 PALM DR. YANKEETOWN, FL. 34498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FEENEY, ELEANOR C P.O. BOX 307 YANKEETOWN, FL 34498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOFIELD, SUSAN 5003 RIVERSIDE DR. YANKEETOWN, FL. 34498	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP EHRGOTT, BARBARA 6112 RIVERSIDE DR. BOX 275 YANKEETOWN, FL 34498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNOOK, SUE 5217 RIVERSIDE DR. YANKEETOWN, FL. 34498	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEE, ELLEN 31 PATRICIA RD YANKEETOWN, FL 34498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Eleanor CM Feeney March 19 2008 352 447-3658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELEANOR CM FEENEY