2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N26748** 1. Entity Name EDIENIOS OF REI I EVIEW LIBRARY, INC

FILED Jan 31, 2007 8:00 am Secretary of State

01-31-2007 90034 048 ****61.25

| PRIENDS OF BELLEVIEW LIBRARY, INC. | | | | | | | | | | | |
|---|--|---------------------------|---|--|-----------------|--|--|--|---|------------------------------|--|
| 6007 S.E. EARP ROAD 600 PO BOX 310 PO | | | Meiling Address 6007 S.E. EARP ROAD PO BOX 310 BELLEVIEW, FL 34421 | | | | | | | | |
| 2. Principal P | face of Business - No P.O. Box # | 3. Mailing Address | | | | | | ISH ELEN DIEN SH | 1 6181 510 1 610 | | |
| Suite, Apt. #, etc. | | Sulte, Apt. #, etc. | | | | 01262007 | Chg-NP | CR2E03 | 37 (12/06) | | |
| City & State | | City & State | | | | 4. FEI Number 59-2933 | | ······································ | <u> </u> | plied For at Applicable | |
| Zip | Country | Zip | | Country | | 5. Certificate of | of Status Desired | | \$8.75 Add Fee Required | | |
| | 8. Name and Address of Current | Registered Ag | jent | | 1 | 7. Name and | Address of New | Registered / | Agent | | |
| | | | | Name | | | | | | | |
| WINSTANLEY, KENNETH 694 SE 110TH ST BELLEVIEW. FL 34420 | | | Street Addres | | | (P.O. Box Number is Not Acceptable) | | | | | |
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| | | | | City | | | | FL | Zip Code | 8 | |
| | named entity submits this statement for | or the purpose of | of changing its reg | istered office or | register | ed agent, or both | h, in the State of | Florida. I am | lamiliar with, | and accept | |
| the obligat | tions of registered agent. | | | | | | | | | | |
| SIGNATURE | • | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable | . (NOTE: Re | egistered Agent signals | Denuper eru | when reinstating) | ······································ | DATE | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | 9. Election Campaign Financing Trust Fund Contribution. | | | | | | | | |
| | | 9 | | | | \$5.00 May Bo Added to Fees | FI | Make checi orida Depar | | | |
| 10. | | | | tribution. | | Added to Fees | NGES TO OFFIC | orida Depar CERS AND DI | tment of Si | tate | |
| TITLE | OFFICERS AND DI | RECTORS | | 11. | <u> </u> | Added to Fees ADDITIONS/CHA | ANGES TO OFFIC | OCTION DEPARTMENT OF THE PROPERTY OF THE PROPE | RECTORS IN | 10 | |
| TITLE NAME | OFFICERS AND DI S SELLET, CAROL | RECTORS | Trust Fund Con | 11. TITLE NAME | <u> </u> | Added to Fees ADDITIONS/CHA | NGES TO OFFIC | OCTION DEPARTMENT OF THE PROPERTY OF THE PROPE | RECTORS IN | 10 | |
| TITLE | OFFICERS AND DI | RECTORS | Trust Fund Con | 11. | ロ デー P.0で | Added to Fees ADDITIONS/CHA TOAN B JUL 1934 | ANGES TO OFFICE Cruct 12755 | CERS AND DI | RECTORS IN | 10 | |
| TITLE NAME STREET ADDRESS | OFFICERS AND DI S SELLET, CAROL 12371 SE 74 CT | RECTORS | Trust Fund Con | TITLE NAME STREET ADDRESS | ロ デー P.0で | Added to Fees ADDITIONS/CHA TOAN B JUL 1934 | ANGES TO OFFIC | CERS AND DI | RECTORS IN | 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DI S SELLET, CAROL 12371 SE 74 CT SUMMERFIELD, FL 34491 | RECTORS | Trust Fund Con | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | ロ デー P.0で | Added to Fees ADDITIONS/CHA TOAN B JUL 1934 | ANGES TO OFFICE Cruct 12755 | CERS AND DI | ECTORS IN Change | 10 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS | OFFICERS AND DI S SELLET, CAROL 12371 SE 74 CT SUMMERFIELD, FL 34491 D MCINTYRE, JOANNE 11862 SE 72ND CT RD | RECTORS | Trust Fund Con | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ロ デー P.0で | Added to Fees ADDITIONS/CHA TOAN B JUL 1934 | ANGES TO OFFICE Cruct 12755 | CERS AND DI | ECTORS IN Change | 10 Addition | |
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I hereby certify that the information supplied with this filling 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 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:

IATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

352-188-2444