


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N26748</b>					
1. Entity Name FRIENDS OF BELLEVIEW LIBRARY, INC.					
Principal Place of Business 6007 S.E. EARP ROAD PO BOX 310 BELLEVIEW, FL 34421			Mailing Address 6007 S.E. EARP ROAD PO BOX 310 BELLEVIEW, FL 34421		
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 59-2933383	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WINSTANLEY, KENNETH 694 SE 110TH ST BELLEVIEW, FL 34420			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 _____ (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. <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	S	<input type="checkbox"/> Delete	TITLE	T - Joan Bervat	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELLET, CAROL		NAME	P.O. Box 1934, 12756 SE 144th Ave	
STREET ADDRESS	12371 SE 74 CT		STREET ADDRESS	Ocklawaha, FL 32183	
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, JOANNE		NAME		
STREET ADDRESS	11862 SE 72ND CT RD		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBERL, HELEN		NAME		
STREET ADDRESS	12185 SE 61 COURT		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORLAN, LINDA S		NAME		
STREET ADDRESS	12464 SE 60TH AVE		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	VP - Morgan, Marvin E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORLAN, MARVIN E		NAME	12464 SE 60th Ave	
STREET ADDRESS	12464 SE 60TH AVE		STREET ADDRESS	Belleview, FL 34420	
CITY-ST-ZIP	BELLEVIEW, FL 34420		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTANLEY, KENNETH		NAME		
STREET ADDRESS	694 S.E. 110TH ST.		STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW, FL 34420		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: <u>Joan Bervat</u>			Date: <u>1/24/07</u> Daytime Phone #: <u>352-288-2444</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		