

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90076 019 ****61.25

DOCUMENT # N28883

1. Entity Name
FRIENDS OF CENTRAL RIDGE LIBRARY, INC.



Principal Place of Business
**CENTRAL RIDGE LIBRARY
425 W ROOSEVELT BLVD
BEVERLY HILLS, FL 34465 US**

Mailing Address
**PO BOX 640158
BEVERLY HILLS, FL 34464 US**

50021327



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2867230

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

7. Name and Address of New Registered Agent

**ENGLISH, RAE J
221 S DAVIS ST
BEVERLY HILLS, FL 33465-4142**

Name **Peggy Stillman**
Street Address (P.O. Box Number is Not Acceptable) **5475 N. Mallow's Circle**
City **Beverly Hills** FL Zip Code **34465-4574**

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

Peggy Stillman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **P** ☐ Delete
NAME **HADERER, SUE**
STREET ADDRESS **1900 W TALL OAKS DR**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **V** ☐ Delete
NAME **DEAN, JACQUELINE**
STREET ADDRESS **3572 N WOODGATE DR**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **S** ☐ Delete
NAME **BARRY, SUE**
STREET ADDRESS **548 W MASSACHUSETTS ST**
CITY-ST-ZIP **HERNANDO, FL 34442**

TITLE **S** ☐ Delete
NAME **STILLMAN, PEGGY**
STREET ADDRESS **5475 N MALLOW'S CIR**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **T** ☒ Delete
NAME **ENGLISH, RAE J**
STREET ADDRESS **221 S DAVIS ST**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465** **DECEASED**

TITLE **D** ☐ Delete
NAME **BLINN, ANNA**
STREET ADDRESS **3895 W CATALPA LA**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34465-4574**

TITLE **B** ☒ Change ☒ Addition
NAME **JEAN RACINE**
STREET ADDRESS **1781 E. Westgate Lane**
CITY-ST-ZIP **Hernando FL 34442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Peggy Stillman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/05