

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

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**



03102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2867230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STILLMAN, PEGGY
5475 N MALLOWS CIRCLE
BEVERLY HILLS, FL 34465-4574**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STILLMAN, PEGGY
5475 N MALLOWS CIR
BEVERLY HILLS, FL 344654574**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RACINE, JEAN
1781 E WESTGATE LANE
HERNANDO, FL 34442**

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

11000000475336
04/05/06-80011-014 61.25

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IN THIS SPACE**

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:

Peggy Stillman **PEGGY STILLMAN** 3/16/06 352 527 6909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #