# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 11, 2008 8:00 am**
**Secretary of State**
04-11-2008 90042 025 ****61.25

DOCUMENT # N31897

1. Entity Name

FRIENDS OF THE FRUITLAND PARK LIBRARY, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| % E. JAY HALTER<br>506 WEST BERCKMAN STREET<br>FRUITLAND PARK FL 34731-3223 | % E. JAY HALTER<br>506 WEST BERCKMAN STREET<br>FRUITLAND PARK FL 34731-3223 |

1st MOORE CR2E037 (10/07)

| 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 NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LENTSCH, ELAINE
294 MAGNOLIA DR
FRUITLAND PARK FL 34731

**7. Name and Address of New Registered Agent**

Name: Web Anderson.
Street Address (P.O. Box Number is Not Acceptable): 2238 Spring LakeRd.
City: Fruitland Park Fl 34731
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)

**FILE NOW: 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 | PD<br>LENTSCH, ELAINE<br>294 MAGNOLIA DR.<br>FRUITLAND PARK FL 34731 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Web Anderson<br>2238 Spring Lake Rd Fruitland Park Fl 34731<br>Fruitland Park Fl 34731 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>ECKDAHL, DONNA<br>33620 PICCIOLA RD.<br>FRUITLAND PARK FL 34731 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>FROST, DANA<br>807 PLUMOSA AVENUE<br>FRUITLAND PARK FL 34731 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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 Section 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:** Dana Frost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #