


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N35800 1. Entity Name FRIENDS OF THE DICKINSON MEMORIAL LIBRARY, INC.	
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Principal Place of Business 148 ALBERTUS WAY ORANGE CITY, FL 32763-5966	Mailing Address 148 ALBERTUS WAY ORANGE CITY, FL 32763-5966
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2643072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, KATHRYN
1100 N. THORPE AVE.
ORANGE CITY, FL 32763

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000237725 02/21/05-80067-019 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, KATHRYN 1100 N. THORPE AVE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS JONES, CAROLE 610 W. FRENCH AVE. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, KATHRYN 1100 N. THORPE AVE. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIX, CHARLES 450 N. MCDONALD, APT. 48 DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kathryn Alexander 2/18/05 386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 775-4737