

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90111 025 ****70.00

DOCUMENT # N35800

1. Entity Name
FRIENDS OF THE DICKINSON MEMORIAL LIBRARY, INC.



Principal Place of Business
**148 ALBERTUS WAY
ORANGE CITY, FL 32763-5966**

Mailing Address
**148 ALBERTUS WAY
ORANGE CITY, FL 32763-5966**

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

01062008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2643072

Applied For
Not Applicable

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

**MCCANN, ETHEL
371 FERRIN CT
ORANGE CITY, FL 32763**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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 **P** ☒ Delete
NAME **BROWN, BESTY**
STREET ADDRESS **1130 CLIFTON RD**
CITY-ST-ZIP **DE LEON SPRINGS, FL 32130**

TITLE **P** ☐ Change ☒ Addition
NAME **ROBERT LAFLEUR**
STREET ADDRESS **20 AZALEA DR**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE **V** ☐ Delete
NAME **LINDSAY, ANN**
STREET ADDRESS **236 E. ROSE AVE**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE **V** ☐ Change ☐ Addition
NAME **ANN LINDSAY**
STREET ADDRESS **236 E ROSE AVE**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE **T** ☐ Delete
NAME **MCCANN, ETHEL**
STREET ADDRESS **371 FERRIN CT**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE **T** ☐ Change ☐ Addition
NAME **ETHEL MCCANN**
STREET ADDRESS **371 FERRIN CT**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE **S** ☒ Delete
NAME **WOOTEN, MARGRET**
STREET ADDRESS **1500 N FRENCH AVE**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE **S** ☒ Change ☐ Addition
NAME **KATHYRN ALEXANDER**
STREET ADDRESS **1100 N THORPE AVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **T** ☒ Delete
NAME **ALEXANDER, KATHYRN**
STREET ADDRESS **1100 N. THORPE AVE**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

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

TITLE **S** ☒ Delete
NAME **WOOTON, MARGARET**
STREET ADDRESS **1500 W. FRENCH AVE**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

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 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: *Ethel J McCann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08

Date

386-775-3170

Daytime Phone #