


# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N35800</b> 1. Entity Name <b>FRIENDS OF THE DICKINSON MEMORIAL LIBRARY, INC.</b>					
Principal Place of Business <b>148 ALBERTUS WAY ORANGE CITY, FL 32763-5966</b>			Mailing Address <b>148 ALBERTUS WAY ORANGE CITY, FL 32763-5966</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2643072</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCCANN, ETHEL 371 FERRIN CT ORANGE CITY, FL 32763</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2010</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WALLACE, KATE</b>		NAME		
STREET ADDRESS	<b>861 TAPPAN CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE CITY, FL 32763</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BROWN, BETSY</b>		NAME		
STREET ADDRESS	<b>1130 CLIFTON RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELEON SPRINGS, FL 32130</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCCANN, ETHEL</b>		NAME		
STREET ADDRESS	<b>371 FERRIN CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE CITY, FL 32763</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>UMLAUF, LAURA</b>		NAME		
STREET ADDRESS	<b>487 N. PINE MEADOW DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DEBARY, FL 32713</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCCANN, ETHEL</b>		NAME		
STREET ADDRESS	<b>371 FERRIN CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE CITY, FL 32763</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Ethel McCann</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/7/10 Date		
			386-775-3170 Daytime Phone #		

**FILED**  
**10 APR 20 PM 2:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



04042010 Chg-NP CR2E037 (11/08)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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Due by May 1, 2010**

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 WALLACE, KATE  
STREET ADDRESS 861 TAPPAN CIRCLE  
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE V ☐ Delete  
NAME BROWN, BETSY  
STREET ADDRESS 1130 CLIFTON RD  
CITY-ST-ZIP DELEON SPRINGS, FL 32130

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

TITLE S ☐ Delete  
NAME UMLAUF, LAURA  
STREET ADDRESS 487 N. PINE MEADOW DR  
CITY-ST-ZIP DEBARY, FL 32713

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #