

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N35800

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



FILED

12 MAR 29 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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.

01212012 Chg-NP

CR2E037 (12/11)

City & State

City & State

4. FEI Number
59-2643072

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ETHEL McCANN

Ethel McCann

23 March 2012

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, 2012

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
NAME
STREET ADDRESS
CITY - ST - ZIP
COP
ALEXANDER, KATHRYN
1100 N. THORPE AVENUE
ORANGE CITY, FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COP
BLUE, RUTH
447 NORTH OAK AVENUE
ORANGE CITY, FL 32763 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MACDONALD, GINNY
2215 PARKVIEW AVENUE
ORANGE CITY, FL 32763 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200226554582
03/29/12--01002--008 **\$61.25

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

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☐ Change ☐ Addition

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 McCann

3/23/12

emccann@cfl.mc.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

ETHEL McCANN