

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|--|-----------------------|--|---|--|--|
| DOCUMENT # N35800 | | | | FILED | |
| 1. Entity Name FRIENDS OF THE DICKINSON MEMORIAL LIBRARY, INC. | | | | 12 MAR 29 PM 12:34 | |
| 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 | | 4. FEI Number 59-2643072 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCCANN, ETHEL 371 FERRIN CT ORANGE CITY, FL 32763 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 <u>ETHEL McCANN</u> | | <u>Ethel McCann</u> | | 23 March 2012 | |
| <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <small>(NOTE: Registered Agent signature required when reinstating)</small> | | <small>DATE</small> | |
| Filing Fee is \$61.25 Due by May 1, 2012 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | COP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALEXANDER, KATHRYN | | NAME | 200226554582 03/29/12--01002--008 **\$61.25 | |
| STREET ADDRESS | 1100 N. THORPE AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE CITY, FL 32783 | | CITY-ST-ZIP | | |
| TITLE | COP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BLUE, RUTH | | NAME | | |
| STREET ADDRESS | 447 NORTH OAK AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE CITY, FL 32783 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCCANN, ETHEL | | NAME | | |
| STREET ADDRESS | 371 FERRIN CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE CITY, FL 32783 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MACDONALD, GINNY | | NAME | | |
| STREET ADDRESS | 2215 PARKVIEW AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE CITY, FL 32783 | | 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 | | |
| 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. | | | | | |
| SIGNATURE: <u>Ethel McCann</u> | | <u>3/23/12</u> | | <u>emccann@cfl.mn.com</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>DATE</small> | | <small>E-MAIL ADDRESS</small> | |
| <u>ETHEL McCANN</u> | | | | | |