

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N38144

1. Entity Name
E. C. ROWELL PUBLIC LIBRARY CORPORATION



Principal Place of Business

**85 E. CENTRAL AVE.
WEBSTER, FL 33597**

Mailing Address

**P.O. BOX 1044
WEBSTER, FL 33597**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0201767

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARSONS, ALPHEUS C
489 MARKET STREET
WEBSTER, FL 33597**

**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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000084797
03/11/04-80022-008 70.00**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FUSSELL, CAROL S.
STREET ADDRESS	3287 CR 774
CITY- ST- ZIP	WEBSTER, FL
TITLE	TD
NAME	LEE, JUDITH A
STREET ADDRESS	12861 CR 755
CITY- ST- ZIP	WEBSTER, FL 33597
TITLE	D
NAME	HARRIS, MICHAEL J
STREET ADDRESS	23 S.E. 1ST AVE.
CITY- ST- ZIP	WEBSTER, FL
TITLE	PD
NAME	FUSSELL, JAMES O
STREET ADDRESS	3287 CR 774
CITY- ST- ZIP	WEBSTER, FL
TITLE	VD
NAME	RAY, DANIEL MONSON
STREET ADDRESS	PO BOX 1404(182 SE 1ST AVE)
CITY- ST- ZIP	WEBSTER, FL
TITLE	D
NAME	GREER, MARY CATHERINE
STREET ADDRESS	PO BOX 1036(848 CR457)
CITY- ST- ZIP	LAKE PANASOFFKEE, FL

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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:

Judith A Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/04

Date

352-568-1600

Daytime Phone #