

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2008 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**



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0201767</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000951516  
 06/04/08--80039-003 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FUSSELL, CAROL S. 3287 CR 774 WEBSTER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, JUDITH A 12861 CR 755 WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS, MICHAEL J 23 S.E. 1ST AVE. WEBSTER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FUSSELL, JAMES O 3287 CR 774 WEBSTER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RAY, DANIEL MONSON PO BOX 1404(182 SE 1ST AVE ) WEBSTER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAURER, CLARICE 112 CR 542 E BUSHNELL, FL 33513

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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: *Judith A Lee* **4/3/08** **352-568-1600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #