

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N40185

1. Entity Name
FRIENDS OF JOHNSON BRANCH LIBRARY, INC.



Principal Place of Business
**1059 18 AVE SOUTH
SAINT PETERSBURG, FL 33701**

Mailing Address
**PO BOX 1061
ST. PETERSBURG, FL 33731-9998**



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3035195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONEY, ERNIE
2526 67TH AVE SOUTH
SAINT PETERSBURG, FL 33712**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000930887
05/21/08-80126-011 70.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | D |
| NAME | WYNN, SAM |
| STREET ADDRESS | 2396 LYNN LAKE PLACE, SOUTH |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33712 |
| TITLE | TD |
| NAME | HAYWARD, BETTY |
| STREET ADDRESS | 5234 9TH STREET, SOUTH |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33705 |
| TITLE | PD |
| NAME | JOHNSON, KEVIN W |
| STREET ADDRESS | 2861 4TH AVENUE |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33712 |
| TITLE | P |
| NAME | CONEY, ERNIE |
| STREET ADDRESS | 2526 67TH AVE SOUTH |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33712 |
| TITLE | VP |
| NAME | CEASER, EUGENIA T. |
| STREET ADDRESS | PO BOX 3841 |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33731 |
| TITLE | T |
| NAME | SMITH, JANIS |
| STREET ADDRESS | 2159 DESOTO WAY SOUTH |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33712 |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ernie L. Coney

4-24-08 (727-459-9500)