

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90238 037 ****61.25

DOCUMENT # N42364

1. Entity Name
FRIENDS OF AUSTIN DAVIS PUBLIC LIBRARY, INC.



Principal Place of Business
18420 WAYNE RD.
ODESSA, FL 33556 US

Mailing Address
18420 WAYNE RD.
ODESSA, FL 33556 US

20044014



04192005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3096374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHELLENBERG, JO
18420 WAYNE RD
ODESSA, FL 33556

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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 Jo Schellenberg
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-20-05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEJAM, RUTH
STREET ADDRESS	18021 LINDAWOOD ST
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	VP
NAME	ROBERTSON, MADELLA
STREET ADDRESS	8948 DONNALH DR
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	S <u>TREASURER</u>
NAME	SCHELLENBERG, JO
STREET ADDRESS	18420 WAYNE RD
CITY-ST-ZIP	ODESSA, FL
TITLE	D
NAME	TERRY, JO
STREET ADDRESS	14511 SUTTER PLACE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	D
NAME	BARKSDALE, FRANCES
STREET ADDRESS	8948 DONNA LU DR
CITY-ST-ZIP	ODESSA, FL 33536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: Jo Schellenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #