2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N42364

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

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

01042006 No Chg-NP CR2E037 (11/05)

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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
OTESSA, FL 33556

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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 Jo Schellenberg Jo Schellenberg
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, 2006

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	T
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	

U00000497173
04/22/06-80039-017 61.25

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jo Schellenberg Jo Schellenberg 4/5/06 813-920-5