2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State
01-24-2007 90046 031 ****61.25

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/06)

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	7. Name and Address of New Registered Agent
SCHELLENBERG, JO 18420 WAYNE RD OTESSA FL 33556	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 J Schellenberg
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEJAM, RUTH 18021 LINDAWOOD ST ODESSA FL 33556 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADELLA ROBERTSON 8948 DONNALU DR Odessa, Fl 33556 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTSON, MADELLA 8948 DONNALH DR ODESSA FL 33556 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIANE FAGATE 111 VISTA VERDE #6 NEW PORT RICHEY, Fl 34655 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHELLENBERG, JO 18420 WAYNE RD ODESSA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNIFER SIEPER 16109 TURNBERRY OAK ODESSA, FL 33556 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, JO 14511 SUTTER PLACE TAMPA FL 33625 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE CUCCHI 17605 CRAWLEY RD ODESSA, FL 33556 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKSDALE, FRANCES 8948 DONNA LU DR ODESSA FL 33536 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUANN WUTHRICH ~~17605~~ 16401 LAKECHURCH ODESSA, Fl 33556 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: J Schellenberg — Jo Schellenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #