


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # N42364 1. Entity Name FRIENDS OF AUSTIN DAVIS PUBLIC LIBRARY, INC.	
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Principal Place of Business 18420 WAYNE RD. ODESSA, FL 33556 US	Mailing Address 18420 WAYNE RD. ODESSA, FL 33556 US
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01072008 No Chg-NP CR2E037 (4/06)

4. FBI Number 59-3096374	Applied For Not Applicab
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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 _____ U000000778144
01/10/08-80036-012 61.25
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Jan 6, 2008
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUGATE, DIANE 111 VISTA VERDE 6 NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, MADELLA 8948 DONNALH DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHELLENBERG, JO 18420 WAYNE RD ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, JO 14511 SUTTER PLACE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEPER, JENNIFER 16204 TURNBERRY OAK ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUCORD, GEORGE 17608 CRAWLEY RD ODESSA, FL 33556

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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* 1-6-08 61.25