2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N46701

Entity Name: DUNEDIN PUBLIC LIBRARY FOUNDATION, INC.

Current Principal Place of Business:

223 DOUGLAS AVE.
DUNEDIN, FL 346970313 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2535
DUNEDIN, FL 346972535 US

New Mailing Address:

FEI Number: 59-3123284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUBBARD, JOHN G
595 MAIN ST
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HUBBARD, JOHN
Address: 1802 HARVARD AVE
City-St-Zip: DUNEDIN, FL

Title: SD ( ) Delete
Name: OLDHAM, CAROLYN
Address: 961 MCFARLAND STREET
City-St-Zip: DUNEDIN, FL 34698

Title: VD ( ) Delete
Name: BROWN, GEMMY
Address: 1165 DIXON CT
City-St-Zip: DUNEDIN, FL 34698

Title: TD ( ) Delete
Name: KELTNER, CARL
Address: 961 MCLEAN STREET
City-St-Zip: DUNEDIN, FL 34698

Title: T ( ) Delete
Name: WADESWORTH, JAY
Address: 3159 PRIDES CROSSING
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY WADSWORTH T 04/27/2005
Electronic Signature of Signing Officer or Director — Date