2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # N46701

1. Entity Name
DUNEDIN PUBLIC LIBRARY FOUNDATION, INC.

Principal Place of Business	Mailing Address
223 DOUGLAS AVE. DUNEDIN, FL 34697-0313 US	P O BOX 2535 DUNEDIN, FL 34697-2535 US

04302007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3123284

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUBBARD, JOHN G
595 MAIN ST
DUNEDIN, FL 34698

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUBBARD, JOHN
STREET ADDRESS	1802 HARVARD AVE
CITY-ST-ZIP	DUNEDIN, FL
TITLE	VD
NAME	BROWN, GEMMY
STREET ADDRESS	1165 DIXON CT
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	TD
NAME	KELTNER, CARL
STREET ADDRESS	961 MCLEAN STREET
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	T
NAME	WADESWORTH, JAY
STREET ADDRESS	3159 PRIDES CROSSING
CITY-ST-ZIP	TARPON SPRINGS, FL 34688
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/07-80038-004 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #