

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N46701 1. Entity Name DUNEDIN PUBLIC LIBRARY FOUNDATION, INC.	
---	---

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

DO NOT WRITE IN THIS SPACE



04242008 No Chg-NP CR2E037 (4/06)

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	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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.

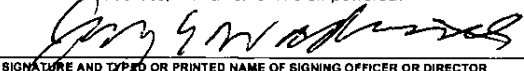
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000925082 05/20/08-80012-006 61.25
---	--	--

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

DO NOT WRITE IN THIS SPACE

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:  **4/22/08**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #