

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000702

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** THE FRIENDS OF THE CLAY COUNTY HEADQUARTERS LIBRARY, GREEN COVE SPRINGS, FL, INC.

**Current Principal Place of Business:**

403 FERRIS ST  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

403 FERRIS ST.  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number:** 59-3160535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOMNINOS, ANN  
403 FERRIS ST  
GREEN COVE SPRINGS, FL 32043 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: PTD ( ) Delete  
Name: ANN KOMINOS,  
Address: 403 FERRIS STREET  
City-St-Zip: GREENCOVE SPRINGS, FL 32043

Title: STD ( ) Delete  
Name: CARYL MARSHALL,  
Address: 403 FERRIS STREET  
City-St-Zip: GREENCOVE SPRINGS, FL 32043

Title: D ( ) Delete  
Name: CHRISTINE BARTOW,  
Address: 1723 MUIRFIELD DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CARYL MARSHALL

TREA

04/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date