


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000002290</b>	
1. Entity Name <b>FRIENDS OF EAST LAKE COMMUNITY LIBRARY, INC.</b>	

Principal Place of Business <b>4125 E LAKE ROAD PALM HARBOR, FL 34685 US</b>	Mailing Address <b>4125 E LAKE ROAD PALM HARBOR, FL 34685 US</b>
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01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3188181</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JACKSON, CAROLE 4125 E LAKE RD PALM HARBOR, FL 34685</b>
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**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 \_\_\_\_\_  
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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD WOODWARD, AIMEE 2668 MCMULLEN BOOTH ROAD, #1323 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, CAROLE 5020 KERNWOOD CT PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REHARK, MARJORIE 385 WOODS LANDING TRAIL OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD WAYNE, MARIANNE 954 WOODGATE DR. PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALDFOGEL, JACALYN 5083 KERNWOOD COURT PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000412635  
02/10/06-80060-003 70.00

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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:** Carole Jackson **Jan. 12, 2006** **727-944-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **5312**  
(home)