

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90077 023 ****70.00

DOCUMENT # N93000002290					
1. Entity Name FRIENDS OF EAST LAKE COMMUNITY LIBRARY, INC.					
Principal Place of Business 4125 E LAKE ROAD PALM HARBOR, FL 34685 US			Mailing Address 4125 E LAKE ROAD PALM HARBOR, FL 34685 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3188181	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACKSON, CAROLE 4125 E LAKE RD PALM HARBOR, FL 34685				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Carole Jackson</u> Jan. 12, '07 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD WOODWARD, AIMEE <input checked="" type="checkbox"/> Delete 2668 McMullen Booth Road, #1323 Clearwater, FL 33761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, CAROLE <input type="checkbox"/> Delete 5020 Kernwood Ct Palm Harbor, FL 34685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REHARK, MARJORIE <input checked="" type="checkbox"/> Delete 385 Woods Landing Trail Oldsmar, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ochoa, Marta Elena <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 1493 Tarpon Springs, FL 34688	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD WAYNE, MARIANNE <input checked="" type="checkbox"/> Delete 954 Woodgate Dr. Palm Harbor, FL 34685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(RSD) Lane, Miriam <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3431 Tanglewood Trail Palm Harbor, FL 34685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALDFOGEL, JACALYN <input type="checkbox"/> Delete 5083 Kernwood Court Palm Harbor, FL 34685		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Carole Jackson</u> Jan. 12, '07 927-944-5312 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					