2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002382

1. Entity Name
FRIENDS OF THE BARTOW PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
2150 S BROAKWAY AVE BARTOW, FL 33830 US	2150 S BROADWAY AVE BARTOW, FL 33830 US

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01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3270520
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNLAP, GEORGE T III
245 SOUTH CENTRAL AVE
BARTOW, FL 33830

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EGLI MOLLY
STREET ADDRESS	1050 BEAR CRECK DR
CITY-ST-ZIP	BARTOW, FL
TITLE	D
NAME	HECKERT, NANCY
STREET ADDRESS	2055 S FLORAL AVE #150
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	MARCHMAN, EDA
STREET ADDRESS	1625 WALLACE AVE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	S
NAME	SEWELL SANDY
STREET ADDRESS	755 E LEMON ST
CITY-ST-ZIP	BARTOW, FL
TITLE	T
NAME	HALLOCK, DAVID
STREET ADDRESS	1355 S ORANGE AVE
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	V
NAME	FRISBIE, ANN
STREET ADDRESS	1710 S ORANGE AVE
CITY-ST-ZIP	BARTOW, FL 33830

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02/18/05-80056-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

863-533-2642

SIGNATURE: David D. Hallock Treas 1-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #