


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000095 1. Entity Name FRIENDS OF THE WILDWOOD LIBRARY, INC.	
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Principal Place of Business 310 S PALMER DR WILDWOOD, FL 34785	Mailing Address 310 S PALMER DR WILDWOOD, FL 34785
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07242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3262527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOERSTE, CECELIA 7814 CR 221 WILDWOOD, FL 34785	DO NOT WRITE IN THIS SPACE
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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 *Cecelia Foerste* 7-24-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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	DV POPIEL, CATHY 2 GROVE TRL WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WALDRON, MARY KAY 514 FOREST BLVD WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FOERTE, CECELIA 7418 CR 221 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS KELLEHER, ROSE MARY 30 ROBIN RD WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000771335
08/03/07-80002-020 61.25

**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: *Mary Kay Hartwiler* 7/27/07 352-748-5019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARY KAY HARTWILER *President*