


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002819		
1. Entity Name FLORIDA PHILATELIC FOUNDATION LIBRARY, INC.		

Principal Place of Business 3231 GULF GATE DR UNIT 103 SARASOTA, FL 34231	Mailing Address 3231 GULF GATE DR UNIT 103 SARASOTA, FL 34231 US
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01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0588562	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CAMPISANO, ANTHONY W 1800 SECOND STREET Y SARASOTA, FL 34236

**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, 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	D HARWOOD, JOHN C 2684 CLUB HOUSE DRIVE #103 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, KENNETH 1348 COTTONWOOD TRAIL SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCHENRY, GORDON P.O. BOX 1117 N/A OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARMAN, P.V. 1100 COVE # PLACE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DANIELSON, DICK 6916 COUNTRY LAKES CIRCLE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERROLD, G. EDWIN 2800 YORKTOWN ST. SARASOTA, FL 34231

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07/16/07-80001-005 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 the address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 800-927-3351
Date Daytime Phone #