

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90119 029 \*\*\*\*61.25

DOCUMENT-# N95000002966

1. Entity Name

SEBRING FRIENDS OF THE LIBRARY, INC.



Principal Place of Business

117 EAST CENTER STREET  
SEBRING FL 33870

Mailing Address

117 EAST CENTER STREET  
SEBRING FL 33870



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYMAN, NAN M  
2317 DAVIS CT  
SEBRING FL 33870

Name Allyn D. Barrett  
Street Address (P.O. Box Number is Not Acceptable)  
3003 Oakhill Dr.  
Av.  
City Avon Park FL Zip Code 33825

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 Allyn D. Barrett

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

2/20/06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLLY, ANN	
STREET ADDRESS	1117 DINNER LAKE DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATFIELD, CATHERINE	
STREET ADDRESS	1355 EDGEWATER POINT DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LYMAN, NAN	
STREET ADDRESS	2317 DAVIS CT	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MARGARET	
STREET ADDRESS	2960 MELON LN	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOSBURGH, BEA	
STREET ADDRESS	2518 DAVIS CIRCLE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERTS, JUANITA	
STREET ADDRESS	P O BOX 212	
CITY-ST-ZIP	LORIDA FL 33857	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holly, Ann	
STREET ADDRESS	1117 Dinner Lake Dr	
CITY-ST-ZIP	Sebring FL 33870	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohen, Dottee	
STREET ADDRESS	510 Maravilla Ave	
CITY-ST-ZIP	Sebring FL 33875	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lyman, Nan	
STREET ADDRESS	2317 Davis Ct	
CITY-ST-ZIP	Sebring FL 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barrett, Allyn D	
STREET ADDRESS	3003 Oakhill Dr.	
CITY-ST-ZIP	Avon Park, FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Allyn D. Barrett

2/20/06 863 3140053