

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90021 048 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARRETT, ALLYN D  
3003 OAKHILL DRIVE  
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

Same

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

*Allyn D. Barrett*

Signature (Typed or Printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

6/18/07

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 5, 2007**

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

TITLE D ☐ Delete  
NAME HOLLY, ANN  
STREET ADDRESS 1117 DINNER LAKE DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE P ☐ Delete  
NAME COHEN, DOTTEE  
STREET ADDRESS 510 MARAVILLA AVE  
CITY-ST-ZIP SEBRING FL 33875

TITLE D ☐ Delete  
NAME LYMAN, NAN  
STREET ADDRESS 2317 DAVIS CT  
CITY-ST-ZIP SEBRING FL 33870

TITLE D ☒ Delete  
NAME JOHNSON, MARGARET  
STREET ADDRESS 2960 MELON LN  
CITY-ST-ZIP SEBRING FL 33870

TITLE TD ☐ Delete  
NAME BARRETT, ALLYN D  
STREET ADDRESS 3003 OAKHILL DRIVE  
CITY-ST-ZIP AVON PARK FL 33825

TITLE S ☐ Delete  
NAME ROBERTS, JUANITA  
STREET ADDRESS P O BOX 212  
CITY-ST-ZIP LORIDA FL 33857

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Shirley Bartholomew  
STREET ADDRESS 3005 Oakhill Dr.  
CITY-ST-ZIP Avon Park Fl. 33825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*Allyn D. Barrett*

6/18/07