


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002809	
1. Entity Name FRIENDS OF THE LADY LAKE LIBRARY, INC.	

Principal Place of Business 225 GUAVA ST. LADY LAKE, FL 32159	Mailing Address 225 GUAVA ST. LADY LAKE, FL 32159 US
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02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3452137	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WILLIS, DOROTHY A
40101 ORANGE CIRCLE
LADY LAKE, FL 32159

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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 Dorothy A Willis 16 Feb 06
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, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WILLIS, DOROTHY
STREET ADDRESS	40101 ORANGE CIRCLE
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	PD
NAME	MCINTYRE, MARY
STREET ADDRESS	436 GLEN ARBOR LANE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	VD
NAME	HITCHCOCK, DINA
STREET ADDRESS	16780 SE 84TH COLERAIN CIR
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	SD
NAME	WALLON, PHYLLIS
STREET ADDRESS	897 RADCLIFFE BEREAL PL.
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	TD
NAME	DENAULT, AUDREY
STREET ADDRESS	1318 BALBOA CT.
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/06 00028-011 70.00

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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 McIntyre 2-16-06 352-153-2957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #