


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002809</b>	
<b>1. Entity Name</b> FRIENDS OF THE LADY LAKE LIBRARY, INC.	

<b>Principal Place of Business</b> 225 GUAVA ST. LADY LAKE, FL 32159	<b>Mailing Address</b> 225 GUAVA ST. LADY LAKE, FL 32159 US
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01232008 No Chg-NP CR2E037 (4/06)

<b>4. FEI Number</b> 59-3452137	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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 DATE: 1/31/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, DOROTHY 40101 ORNAGE CIRCLE LADY LAKE, FL 32159
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD MCINTYRE, MARY 436 GLEN ARBOR LANE LEESBURG, FL 34748
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VD HITCHCOCK, DINA 16780 SE 84TH COLERAIN CIR THE VILLAGES, FL 32162
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD WALLON, PHYLLIS 897 RADCLIFE BEREAL PL. LADY LAKE, FL 32159
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD DENAULT, AUDREY 1318 BALBOA CT. LADY LAKE, FL 32159
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/08-80006-013 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 2-11-08 352-753-2957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #