

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90027 003 ****61.25

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02152005 Chg-NP CR2E037 (10/03)

DOCUMENT # N98000000130 1. Entity Name FRIENDS OF THE FREEPORT LIBRARY, INC.					
Principal Place of Business 75 STATE HWY 20 W FREEPORT, FL 32439			Mailing Address PO BOX 398 FREEPORT, FL 32439		
2. Principal Place of Business 76 State Hwy 20 West <small>Suite, Apt. #, etc.</small>		3. Mailing Address 76 State Hwy 20 West <small>Suite, Apt. #, etc.</small>			
City & State Freeport, FL		City & State Freeport FL		4. FEI Number NOT APPLICABLE	
Zip 32439		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLER, EDITH 129 MAIN STREET FREEPORT, FL 32439			7. Name and Address of New Registered Agent Name Lisbeth Jackson Street Address (P.O. Box Number is Not Acceptable) 434 Red Barn Rd City Freeport, FL Zip Code 32439		
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 <i>Lisbeth Jackson</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 2/18/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BUXTON, JESSE T 160 ECKIE AVE FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORGAN, CHERYL 127 SPRING ST FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS UNGEMACH, TAMMY 177 CREEKSIDE DR. FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENCINSKI, MARY D.M.D. PO BOX 340/131 HWY 20 W. FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Tammy Ungemach</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2-16-05 Daytime Phone # 850-835-7746	