


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90262 013 ****61.25

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 75 STATE HWY 20 W FREEPORT, FL 32439		
2. Principal Place of Business <i>76 State Hwy 20 W</i>		3. Mailing Address <i>76 State Hwy 20 W</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Freeport, FL</i>		City & State <i>Freeport, FL</i>		4. FEI Number NOT APPLICABLE	
Zip <i>32439</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, LISBETH 434 RED BARN RD FREEPORT, FL 32439			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Jackson, Lisbeth 43 Red Barn Rd Freeport, FL 32439
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORGAN, CHERYL 127 SPRING ST FREEPORT, FL 32439	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Johns, Tracy P.O. Box 1021 Freeport, FL 32439
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS UNGEMACH, TAMMY 177 CREEKSIDE DR. FREEPORT, FL 32439	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Morgan, Cheryl 127 Spring St Freeport, FL 32439
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	S Daimler, Sherry P.O. Box 166 Freeport, FL 32439
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daily, Margaret 2404 Bay Grove Rd Freeport, FL 32439	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daily, Margaret 2404 Bay Grove Rd Freeport, FL 32439
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Lisbeth Jackson</i> 3/21/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					