

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000130

FILED  
Mar 31, 2007  
Secretary of State

**Entity Name:** FRIENDS OF THE FREEPORT LIBRARY, INC.

**Current Principal Place of Business:**

76 STATE HWY 20 W  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

76 STATE HWY 20 W  
FREEPORT, FL 32439

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON, LISBETH  
434 RED BARN RD  
FREEPORT, FL 32439    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: JACKSON, LISBETH  
Address: 43 RED BARN RD  
City-St-Zip: FREEPORT, FL 32439

Title: VP                      ( ) Delete  
Name: JOHNS, TRACY  
Address: PO BOX 1021  
City-St-Zip: FREEPORT, FL 32439

Title: T                      ( ) Delete  
Name: MORGAN, CHERYL  
Address: 127 SPRING ST  
City-St-Zip: FREEPORT, FL 32439

Title: D                      ( ) Delete  
Name: HENCINSKI, MARY D.M.D.  
Address: PO BOX 340/131 HWY 20 W.  
City-St-Zip: FREEPORT, FL 32439

Title: S                      ( ) Delete  
Name: DAIMLER, SHERRY  
Address: PO BOX 166  
City-St-Zip: FREEPORT, FL 32439

Title: D                      ( ) Delete  
Name: DAILY, MARGARET  
Address: 2404 BAY GROVE RD  
City-St-Zip: FREEPORT, FL 32439

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD                      (X) Change ( ) Addition  
Name: JACKSON, LISBETH  
Address: 434 RED BARN RD  
City-St-Zip: FREEPORT, FL 32439

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISBETH B. JACKSON

PD

03/31/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date