

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000338

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: FRIENDS OF HILLIARD PUBLIC LIBRARY, INC.

## Current Principal Place of Business:

37177 PECAN STREET  
HILLIARD, FL 32046

## New Principal Place of Business:

15821 COUNTY ROAD 108  
HILLIARD, FL 32046

## Current Mailing Address:

37177 PECAN STREET  
HILLIARD, FL 32046

## New Mailing Address:

15821 COUNTY ROAD 108  
HILLIARD, FL 32046

FEI Number: 59-3488568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINE, SHIRLEY  
37177 PECAN STREET  
HILLIARD, FL 32046 US

## Name and Address of New Registered Agent:

WINE, SHIRLEY  
15821 COUNTY ROAD 108  
HILLIARD, FL 32046 US

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:

04/06/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GARDENOUR, JOYCE  
Address: 37108 LITTLE MAGNOLIA CT  
City-St-Zip: HILLIARD, FL 32046

Title: D ( ) Delete  
Name: JENSEN, NANCY  
Address: 37052 W. FIRST ST/ PO BOX 457  
City-St-Zip: HILLIARD, FL 32046

Title: D ( ) Delete  
Name: BATTEN, EARL  
Address: 27533 NEW FRONT STREET, PO BOX 519  
City-St-Zip: HILLIARD, FL 32046

Title: D ( ) Delete  
Name: WINE, SHIRLEY  
Address: P.O. BOX 368  
City-St-Zip: HILLIARD, FL 32046

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GOOWIN, J. W.  
Address: 371058 POOLE ROAD  
City-St-Zip: HILLIARD, FL 32046

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: NANCY JENSEN, TREASURER

TREA

04/06/2006

Electronic Signature of Signing Officer or Director

Date