2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006
Secretary of State

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Entity Name: FRIENDS OF THE CRESTVIEW LIBRARY, CRESTVIEW, FLORIDA, INCORPORATED

Current Principal Place of Business:

1445 COMMERCE DR.
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

PO BOX 1972
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3491763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEMBECK, FLORENCE A
6304 POSSUM RIDGE RD
CRESTVIEW, FL 32539 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: P ( ) Delete
Name: CROWLEY, PAMELA
Address: 931 EAST EDNEY AVENUE
City-St-Zip: CRESTVIEW, FL 32539

Title: V ( ) Delete
Name: BARLEY, JOE
Address: 6171 GARDEN CITY ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: T ( ) Delete
Name: HATT, EVENGELINE
Address: 1312 JEFFNINE DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete
Name: ROGERS, RICHARD
Address: 2788 KEATS DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: DS ( ) Delete
Name: BEDDOW, PRISCILLA SUE
Address: 5760 WILDWOOD RD
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete
Name: SCHUCKHART, MILDRED
Address: 1206 GRANDVIEW DR.
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: MERRITT, SAMUELLA D
Address: 1250 N PEARL STREET
City-St-Zip: CRESTVIEW, FL 32536

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: SAMUELLA D MERRITT T 07/26/2006
Electronic Signature of Signing Officer or Director — Date