## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 23, 2007 8:00 am Secretary of State

| DOCUMENT # N9800000630  1. Entity Name FRIENDS OF THE CRESTVIEW LIBRARY, CRESTVIEW, FLORIDA, INCORPORATED   |  |  |   |   | 03-23-200                                | 07 90006 026 ****  | 61.25                             |  |
|---|--|--|---|---|--|--|-----------------------------------|--|
| Principal Place of Business 1445 COMMERCE DR. CRESTVIEW, FL 32539   |  | Mailing Address PO BOX 1972 CRESTVIEW, FL 32536                  |   |   |  | 3     3   3   3   3   4   4   4   4   4  |                                   |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address   |   |   |  |  |                                   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   | 03142007  | Chg-NP                                   | CR2E037 (12/06)  |                                   |  |
| City & State  |  | City & State   |   | 4. FEI Numbe<br>59-3491   |  | <u> </u>   | pplied For ot Applicable          |  |
| Zip   | Country  | Zip  | Country   | 5. Certificate  | of Status Desired                        | □ \$8.75 Ad<br>Fee Requin  |                                   |  |
|   | 6. Name and Address of Current   | Registered Agent   |   | 7. Name and   | Address of New                           | Registered Agent   |                                   |  |
|   |  |  | Name  | Name  |  |  |                                   |  |
| LEMBECK, FLORENCE A<br>6304 POSSUM RIDGE RD<br>CRESTVIEW, FL 32539  |  |  | Street A  | Street Address (P.O. Box Number is Not Acceptable)                      |  |  |                                   |  |
|   |  |  | City  |   |  | FL Zip Cox   | de                                |  |
|   | named entity aubmits this statement for<br>ions of registered agent.   | or the purpose of changing its r                                 | egistered office o  | registered agent, or bot  | n, in the State of                       | Rorida. I am Iamiliar with   | , and accept                      |  |
|   | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE:                                  | Registered Agent signal   | ure required when reinstating)  |  | DATE   |                                   |  |
|   | Signature, typed or printed name of registered agent<br>Filling Fee Is \$81.25<br>Due by May 1, 2007   | and title if applicable. (NOTE:  9. Election Carm  Trust Fund Co | paign Financing   | \$5.00 May B Added to Fees  | e Fi                                     | Make check payable orida Department of S   |                                   |  |
| 10.   | Filing Fee is \$61.25  | 9. Election Carn<br>Trust Fund Co                                | paign Financing   | \$5.00 May B Added to Fees  | FI                                       | Make check payable   | State                             |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI P CROWLEY, PAMELA 931 EAST EDNEY AVENUE  | 9. Election Carn<br>Trust Fund Co                                | paign Financing ontribution.  | \$5.00 May B Added to Fees ADDITIONS/CHA P BEAMON, 227 WED              | FI<br>ANGES TO OFFIC<br>TKIE<br>E E WOOD | Make check payable orida Department of SCERS AND DIRECTORS II                                    | State                             |  |
| TIFLE NAME STREET ADDRESS   | Filing Fee is \$61.25<br>Due by May 1, 2007<br>OFFICERS AND DI<br>P<br>CROWLEY, PAMELA   | 9. Election Carm<br>Trust Fund Co                                | paign Financing ontribution.  11.  IIILE NAME STREET ADDRESS  | \$5.00 May B Added to Fees ADDITIONS/CH/ P BEAMON,                      | FI<br>ANGES TO OFFIC<br>TKIE<br>E E WOOD | Make check payable orida Department of SCERS AND DIRECTORS II Change                             | N 10                              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Filing Fee Is \$61.25 Due by May 1, 2007  OFFICERS AND DI P CROWLEY, PAMELA 931 EAST EDNEY AVENUE CRESTVIEW, FL 32539 V BARLEY, JOE 6171 GARDEN CITY ROAD  | 9. Election Carm Trust Fund Co                                   | paign Financing ontribution.  11.  TITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | \$5.00 May B Added to Fees ADDITIONS/CHA P BEAMON, 227 WED              | FI<br>ANGES TO OFFIC<br>TKIE<br>E E WOOD | Make check payable orida Department of S CERS AND DIRECTORS II Change LANE 32536                 | N 10 Addition                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Filing Fee Is \$61.25 Due by May 1, 2007  OFFICERS AND DI P CROWLEY, PAMELA 931 EAST EDNEY AVENUE CRESTVIEW, FL 32539 V BARLEY, JOE 6171 GARDEN CITY ROAD CRESTVIEW, FL 32539 T MERRITT, SAMUELLA D 1250 N PEARL STREET  | 9. Election Carm Trust Fund Co                                   | paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS  | \$5.00 May B Added to Fees  ADDITIONS/CHA  P BEAMON, 227 WED  CASSTVIES | FI<br>ANGES TO OFFIC<br>TKIE<br>E E WOOD | Make check payable orida Department of SCERS AND DIRECTORS II Change  A LANE  32536  Change      | N 10 Addition                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI P CROWLEY, PAMELA 931 EAST EDNEY AVENUE CRESTVIEW, FL 32539 V BARLEY, JOE 6171 GARDEN CITY ROAD CRESTVIEW, FL 32539 T MERRITT, SAMUELLA D 1250 N PEARL STREET CRESTVIEW, FL 32536 D ROGERS, RICHARD 2788 KEATS DRIVE | 9. Election Carm Trust Fund Co                                   | paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS | \$5.00 May B Added to Fees ADDITIONS/CHA P BEAMON, 227 WED              | IKIE SEWOOD  JIFL  115                   | Make check payable orida Department of S CERS AND DIRECTORS II Change  A 2 5 3 6  Change  Change | N 10 Addition  Addition  Addition |  |

I hereby certify that the information supplied with this filling 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 certify 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 in Block 10 in Changed, or on an attachment with an address, with all other like empowered.

GNATURE:

GNATURE:

BIGHATURE AND TYPED OR PRENTED NAME OF SYMHOLO OFFICER OR DIRECTOR

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Charles To The Torida Statutes and that my name appears in Block 10 in Charles and that my name appears in Block 10 in Cha

SIGNATURE: