

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90010 004 ****61.25

DOCUMENT # N98000000630 1. Entity Name FRIENDS OF THE CRESTVIEW LIBRARY, CRESTVIEW, FLORIDA, INCORPORATED					
Principal Place of Business 1445 COMMERCE DR. CRESTVIEW, FL 32539			Mailing Address PO BOX 1972 CRESTVIEW, FL 32536		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3491763	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEMBECK, FLORENCE A 6304 POSSUM RIDGE RD CRESTVIEW, FL 32539				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 renewing)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAMON, IKIE		NAME		
STREET ADDRESS	227 WEDGEWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARLEY, JOE		NAME		
STREET ADDRESS	6171 GARDEN CITY ROAD		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRITT, SAMUELLA D		NAME	Treasurer	
STREET ADDRESS	1250 N PEARL STREET		STREET ADDRESS	Susan H. Cox	
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP	110 Jacob Dr. Crestview, FL 32536	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROGERS, RICHARD		NAME	Pamela Crowley - Past Pres.	
STREET ADDRESS	2788 KEATS DRIVE		STREET ADDRESS	931 E. Edney Ave.	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP	Crestview, FL 32539	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLINA, LOIS		NAME	Secretary	
STREET ADDRESS	5421 CONSTITUTION RD		STREET ADDRESS	Debra Hrevado	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP	131 Wildhorse Dr Crestview, FL 32536	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHUCKHART, MILDRED		NAME	Board Member	
STREET ADDRESS	1206 GRANDVIEW DR.		STREET ADDRESS	Billie Carter	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP	6032 Bluebird Ln. Crestview, FL 32539	
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: <u>Susan H. Cox</u> <u>Susan H. Cox</u> <u>Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-23-08 888-682-7081 <small>Date Daytime Phone #</small>		

110 Jacob Dr. Crestview, FL 32536

ATTACHMENT

40109107

N98000000630-

6-23-08

To Whom It May Concern:

The treasurer of the Friends of the Custer Library passed away unexpectedly.

In going through the files I discovered that this report had not been filed.

If there are any questions you can reach me at

Susan H. Cox

110 Jacob Dr.

Custer FL 32536

1-850-682-7081