

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90047 016 ****61.25

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1. Entity Name

FRIENDS OF SEMINOLE LIBRARY, INC.



Principal Place of Business

9200 113TH ST. N
SEMINOLE FL 33772

Mailing Address

9200 113TH ST. N
SEMINOLE FL 33772

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3073218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYAN, MICHAEL G
9200-113TH ST. N
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME BLACKFORD, BETTY
STREET ADDRESS 5640 SEMINOLE BLVD., #256
CITY-ST-ZIP SEMINOLE FL 33772

TITLE VPD ☒ Delete
NAME MUTCHLER, JANE
STREET ADDRESS 11201-80TH AVE. N #109
CITY-ST-ZIP SEMINOLE FL 33772

TITLE SD ☒ Delete
NAME HALLENBECK, JOANN
STREET ADDRESS 107 BUTTWOOD CIRCLE
CITY-ST-ZIP SEMINOLE FL 33777

TITLE TD ☐ Delete
NAME ALLRED, NANCY
STREET ADDRESS 8300 SEMINOLE BLVD #413
CITY-ST-ZIP SEMINOLE FL 33772

TITLE VP ☐ Delete
NAME STETSON, PAMELA
STREET ADDRESS 10265 HAZEL ST
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME LISS MADELYN
STREET ADDRESS 10823 INDIAN HILLS CT. #30
CITY-ST-ZIP LARGO, FL 33777

TITLE VPD ☒ Change ☐ Addition
NAME STETSON PAM
STREET ADDRESS 11201-80TH AVE. N. #202
CITY-ST-ZIP Seminole FL 33772

TITLE SD ☒ Change ☐ Addition
NAME POTTS JOAN
STREET ADDRESS 8300 Seminole Blvd. #143
CITY-ST-ZIP Seminole FL 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Nancy Allred NANCY ALLRED

727-398-3849