


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

01-10-2005 90021 029 ****61.25

DOCUMENT # 702320			
1. Entity Name FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC.			
Principal Place of Business 650 CENTRAL AVENUE NAPLES, FL 34102 US		Mailing Address 650 CENTRAL AVENUE NAPLES, FL 34102	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ECKHARDT, HELEN 654 VINTAGE RESERVE CR. NAPLES, FL 34119		Name <i>Long, Ardyn</i> Street Address (P.O. Box Number is Not Acceptable) <i>3115 Lancaster Drive #1</i> <i>Naples, FL</i> City <i>Naples, FL</i> Zip Code <i>34110</i>	
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 <i>Ardyn Long</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>[Signature]</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>2-1-05</i>
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DT CAMPOPMOR, HEATHER L 377 TAJAMON CANTRE SUITE 200 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ECKHARDT, HELEN 654 VINTAGE RESERVE CIRCLE NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DP</i> <i>Long, Ardyn</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3115 Lancaster Drive #1</i> <i>NAPLES, FL 34119</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHUBERT, SHARYN WILLIAMS 784 ANDERSON DRIVE NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Shubert, Sharyn Williams</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV SCHNEIDAN, AMY L 5811 PELIAON BAY BEACH SUITE 5600 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Sharyn W. Shubert</i> <i>Sharyn W. Shubert</i>		Date <i>02/15/04</i> 239-262-8135 <small>Daytime Phone #</small>	

66001661



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1030780 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name *Long, Ardyn*
Street Address (P.O. Box Number is Not Acceptable)
3115 Lancaster Drive #1
Naples, FL
City *Naples, FL* Zip Code *34110*

Filing Fee is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE: *Sharyn W. Shubert* *Sharyn W. Shubert* Date *02/15/04* 239-262-8135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #