## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 16, 2008 8:00 am Secretary of State **DOCUMENT #702320** 1. Entity Name 05-16-2008 90015 043 \*\*\*\*61.25 FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC. Principal Place of Business Mailing Address 40102958 650 CENTRAL AVENUE 650 CENTRAL AVENUE NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05092008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-1030780 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINN, NICA NICK Street Address (P.O. Box Number is Not Acceptable) 205 VIA PERIGNON NAPLES, FL 34102 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Fiorida Department of State Trust Fund Contribution. Due by September 12, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. RM TITLE Delete TITLE Addition WILLIAM BUCHANAN, JR. LONG, ARDYN NAME 425 KINGS TOWN DR. STREET ADDRESS 3115 LANCASTER DRIVE #1 STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP TITLE DP ☐ Delete ■ Addition HICK LIMP LINN, NICK NAME 205 VIA PERIGNON STREET ADDRESS STREET ADDRESS 205 NIA PERIGNON NAPLES, FL 34119 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DOUGHTY, IRENE NAME STREET ADDRESS STREET ADDRESS 1656 B SPOONHILL LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34105 TIT# F ☐ Change ☐ Addition VP ☐ Delete TITLE GRAIG, CLYDE NAME NAME STREET ADDRESS 744 WEDGE DR #8 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME BUCHANNEN, WILLIAM NAME 425 KINGSTOWN DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES, FL 34102 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

(239)262-8135

**FILED**