

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# 710356

Entity Name: SANIBEL PUBLIC LIBRARY, INC.

Current Principal Place of Business:

770 DUNLOP RAOD
SANIBEL, FL 33957

New Principal Place of Business:

770 DUNLOP ROAD
SANIBEL, FL 33957

Current Mailing Address:

770 DUNLOP RAOD
SANIBEL, FL 33957

New Mailing Address:

770 DUNLOP ROAD
SANIBEL, FL 33957

FEI Number: 59-6200187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEN, PATRICIA J
770 DUNLOP ROAD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KREKEL, TOM
Address: 760 NERITA STREET
City-St-Zip: SANIBEL, FL 33957

Title: V () Delete
Name: HULIT, RICHARD
Address: 800 LIMPET DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: T () Delete
Name: NIRENBERG, KENNETH
Address: 15981 NELSON'S COURT
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: CAMPBELL, KATHLEEN
Address: 1787 SERENITY LANE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: HUDSON, JANE
Address: 1342 SAND CASTLE ROAD
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: JOHNS, KARL
Address: 3273 TWIN LAKES LANE
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA J. ALLEN

RA

01/05/2005

Electronic Signature of Signing Officer or Director

Date