

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745900

FILED
Jan 05, 2006
Secretary of State

Entity Name: FRIENDS OF THE MONROE COUNTY PUBLIC LIBRARY IN KEY WEST, FLORIDA, INC.

Current Principal Place of Business:

700 FLEMING ST.
KEY WEST, FL 330406828

New Principal Place of Business:

Current Mailing Address:

1025 FLEMING STREET
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-1897084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, THOMAS
1025 FLEMING ST.
KEY WEST, FL 33040 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: D () Delete
Name: KLINGENER, NANCY
Address: 411 GRINNELL ST.
City-St-Zip: KEY WEST, FL 33040

Title: SD () Delete
Name: SERVER, SUSAN
Address: 1312 OLIVIA ST
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: CLEMENTS, THOMAS
Address: 1025 FLEMING
City-St-Zip: KEY WEST, FL 33040

Title: PD () Delete
Name: CHURCHILL, PRUDENCE
Address: 10 NASSAU LANE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: EPLER, DICK
Address: 204 SOUTHard ST., #8
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: POTTER, ROSANNE G
Address: 519 CATHERINE ST.
City-St-Zip: KEY WEST, FL 33040

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
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City-St-Zip:

Title: () Change () Addition
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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 Chapter 119, 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: THOMAS CLEMENTS

TD

01/05/2006

Electronic Signature of Signing Officer or Director

Date