

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90124 038 \*\*\*\*61.25

**DOCUMENT # N27609**

1. Entity Name  
**FRIENDS OF THE LIBRARY OF THE CITY OF LAKE  
WORTH, FLORIDA, INC.**



Principal Place of Business  
**15 NORTH M STREET  
LAKE WORTH, FL 33460**

Mailing Address  
**15 NORTH M STREET  
LAKE WORTH, FL 33460**

**00034163**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0042661**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, CAROL  
826 SUNSET DR  
LAKE WORTH, FL 33461**

Name **Adela M. Shiner**

Street Address (P.O. Box Number is Not Acceptable)  
**500 1st Ave. So. #101**

City **Lake Worth**

**FL**

Zip Code  
**33460**

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

*Adela M. Shiner* **Adela M. Shiner**

**4-03-2005**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE ☒ Delete  
NAME **T SMITH, CAROL**  
STREET ADDRESS **826 SUNSET DR**  
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE ☐ Change ☒ Addition  
NAME **P/D TIM MORAN**  
STREET ADDRESS **2523 Lakeworth Rd. #4**  
CITY-ST-ZIP **Lake Worth, FL 33461**

TITLE ☒ Delete  
NAME **YD AHO, BILL**  
STREET ADDRESS **1025 S. FEDERAL HWY #3**  
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE ☐ Change ☒ Addition  
NAME **V/D CLAIRE FRANEY**  
STREET ADDRESS **110 N. Lakeside #5**  
CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE ☒ Delete  
NAME **S KESHIAN, CHARLOTTE**  
STREET ADDRESS **232 WELLESLEY DR**  
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE ☐ Change ☒ Addition  
NAME **T Adela Shiner**  
STREET ADDRESS **500 1st Ave. So. #101**  
CITY-ST-ZIP **Lake worth, FL 33460**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **S June Evans**  
STREET ADDRESS **208 S. Lakeside Dr. #201**  
CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

*Adela M. Shiner* **Adela M. Shiner**

**4-03-2005**

**561-588-8290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #