


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90085 013 ****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**

40038614



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01062007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0042661

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHINER, ADELA M
 500 FIRST AVENUE SOUTH
 SUITE 101
 LAKE WORTH, FL 33460**

7. Name and Address of New Registered Agent

Name **ANNE HOCTOR**

Street Address (P.O. Box Number is Not Acceptable)
15 NORTH M Street

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 *Anne Hactor* DATE **3/13/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

TITLE	PD- FRANCY, CLAIRE	<input type="checkbox"/> Delete
NAME	1409 LK AVE, # 8	
STREET ADDRESS	LAKE WORTH, FL 33460	
CITY-ST-ZIP		
TITLE	VD MARTIN, DREW	<input type="checkbox"/> Delete
NAME	500 LK AVE, # 102	
STREET ADDRESS	LAKE WORTH, FL 33460	
CITY-ST-ZIP		
TITLE	TD SHINER, ADELA	<input checked="" type="checkbox"/> Delete
NAME	500 1ST AVE S, # 101	
STREET ADDRESS	LAKE WORTH, FL 33460	
CITY-ST-ZIP		
TITLE	S EVANS, JUNE	<input type="checkbox"/> Delete
NAME	208 SOUTH LAKESIDE DRIVE #201	
STREET ADDRESS	LAKE WORTH, FL 33460	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD Charlotte Keshian, Charlotte	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	232 Wellesley Drive	
STREET ADDRESS	Lake Worth, FL 33460-6221	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Charlotte S. Keshian* **Charlotte S. Keshian** DATE **3/13/07** (561) 586-6975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #