

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90032 003 ****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



03032008 No Chg-NP CR2E037 (4/06)

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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
 HOCTOR, ANNE
 15 NORTH M STREET
 LAKE WORTH, FL 33460
 CHARLOTTE KESHIAN
 232 WELLESLEY DR.
 LAKE WORTH, FL
 33460-6221

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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: Charlotte Keshian DATE: April 28, 2008
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, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANCY, CLAIRE MARTIN DREW, MARTIN
STREET ADDRESS	1409 LK AVE, # 8 500 LAKE AV., #102
CITY-ST-ZIP	LAKE WORTH, FL 33460 LAKE WORTH, FL 33460
TITLE	VD
NAME	MARTIN, DREW EVANS, JUNE
STREET ADDRESS	500 LK AVE, # 102 208 S. LAKESIDE DR. #201
CITY-ST-ZIP	LAKE WORTH, FL 33460 LAKE WORTH, FL 33460
TITLE	TD
NAME	KESHIAN, CHARLOTTE
STREET ADDRESS	232 WELLESLEY DR
CITY-ST-ZIP	LAKE WORTH, FL 33460-6221
TITLE	S
NAME	EVANS, JUNE SKIPP, MARY
STREET ADDRESS	208 SOUTH LAKESIDE DRIVE #201 314 S. "L" ST.
CITY-ST-ZIP	LAKE WORTH, FL 33460 LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Keshian DATE: April 28, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(561) 586-6975