


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90089 041 ****61.25

DOCUMENT # N94000003446
1. Entity Name
FRIENDS OF THE OAKLAND PARK LIBRARY, INC.



Principal Place of Business
1298 N.E. 37TH ST.
OAKLAND PARK, FL 33334

Mailing Address
1298 N.E. 37TH ST.
OAKLAND PARK, FL 33334

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

40014384



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0505125

Applied For
 Not Applicable

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 | |
|--------------------------------------------------------------------|--|----------------------------------------------------|--|
| GORDON, GEORGE H 1499 NE 35TH ST OAKLAND PARK, FL 33334-4549 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 _____
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, 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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|---------------------------|--------------------------------------------|--|-------------------------------------------------------|-----------------------------------|---------------------------------|----------------------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | SD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | HARDY, THOMAS E | | | NAME | BARBARA MIGLIORE | | |
| STREET ADDRESS | 4421 NE 19TH AVE | | | STREET ADDRESS | 114 LAKE EMERALD DRIVE #202 | | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33308 | | | CITY-ST-ZIP | OAKLAND PARK, FL 33309 | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | VD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | MITCHELL, DARLEEN | | | NAME | ANTIONETTE RODRIGUEZ | | |
| STREET ADDRESS | 1584 NE 33RD ST | | | STREET ADDRESS | 2700 S. OAKLAND FOREST DRIVE #607 | | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33334 | | | CITY-ST-ZIP | OAKLAND PARK, FL 33309 | | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | VD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | POWELL, JOANNE | | | NAME | EDITH FLEISCHMAN | | |
| STREET ADDRESS | 702 NE 33RD ST | | | STREET ADDRESS | 1841 NE 43 STREET | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33334 | | | CITY-ST-ZIP | OAKLAND PARK, FL 33308 | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KIDD, JUNE J | | | NAME | | | |
| STREET ADDRESS | 4917 NW 49TH AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33319 | | | CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | D'ADDEZIO, EILEEN J | | | NAME | | | |
| STREET ADDRESS | 3440 NW 21ST AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | OAKLAND PARK, FL 33309 | | | CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ARNOLD, CLARENCE L | | | NAME | | | |
| STREET ADDRESS | 2148 NE 27TH DR. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | WILTON MANORS, FL 33306 | | | 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: THOMAS E. HARDY *Thomas E. Hardy* 2/7/07 954-772-3959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #