


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90271 034 ****61.25

DOCUMENT # 760887 1. Entity Name FRIENDS OF THE BOYNTON BEACH CITY LIBRARY, INC.					
Principal Place of Business 208 S SEACREST BLVD BOYNTON BCH, FL 33435				Mailing Address 208 S SEACREST BLVD BOYNTON BCH, FL 33435	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03232006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2276356	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIRGINIA K. FARACE 208 S. SEACREST BLVD. BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name Craig B. Clark Street Address (P.O. Box Number is Not Acceptable) 208 S. Seacrest Blvd. City Boynton Beach FL Zip Code 33435	
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 Craig Clark, Library Director <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/10/06 <small>NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATERS, JOYCE		NAME		
STREET ADDRESS	1066 PALAMA WAY		STREET ADDRESS		
CITY-ST-ZIP	LANTANA, FL 33462		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRDSALL, JEAN		NAME		
STREET ADDRESS	1003 SW 6TH AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILLION, NANCY		NAME		
STREET ADDRESS	17 FAIRWAY DR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHODES, BLANCHE		NAME		
STREET ADDRESS	200 WESTGATE LANE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHMOLL, MARION		NAME	HERTER, BETTY	
STREET ADDRESS	COLONIAL DRIVE, BLDG 7, # 302		STREET ADDRESS	2 CAMDEN LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRDSALL, FREDRICK W		NAME		
STREET ADDRESS	1003 SW 6TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		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: FREDERICK W. BIRDSALL			4/10/06 (561) 738-0842		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		