

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000870

**Entity Name:** FRIENDS OF THE IMPERIAL POINT LIBRARY, INC.

**Current Principal Place of Business:**

5985 N FEDERAL HWY  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

5985 N FEDERAL HWY  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 59-2214644

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DEBORAH, O'CONNOR E  
5985 N FEDERAL HWY  
FORT LAUDERDALE, FL 33308 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name O'CONNOR, DEBORAH E  
Address 5985 N FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title VP  
Name DONICA , BALAMUT  
Address 5985 N FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title TR  
Name ADLER, RONA M  
Address 5985 N FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title S  
Name PETERS, BECKY D  
Address 5985 N FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title MEM  
Name BETTERAL, ROBERT L  
Address 5985 N FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title MEM  
Name KANGLEY, GENE DR.  
Address 5985 N FEDERAL HWY  
City-State-Zip: FORT LAUDERDALE FL 33308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH E O'CONNOR

**PRESIDENT**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date