2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27609

Entity Name: FRIENDS OF THE LIBRARY OF THE CITY OF LAKE WORTH, FLORIDA, INC.

Current Principal Place of Business:

15 NORTH M STREET
LAKE WORTH, FL 33460

Current Mailing Address:

15 NORTH M STREET
LAKE WORTH, FL 33460

FEI Number: 65-0042661

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODSTEIN, SAMUEL H
15 NORTH M STREET
FRIENDS OF THE LAKE WORTH LIBRARY
LAKE WORTH, FL 33460 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: SAMUEL H GOODSTEIN   02/18/2016

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	PD		Title	VD
Name	GOODSTEIN, SAM		Name	EVANS, JUNE
Address	1717 12TH AVE.S. #F4		Address	208 S. LAKESIDE DR.#201
City-State-Zip:	LAKE WORTH FL 33460		City-State-Zip:	LAKE WORTH FL 33460
Title	TD		Title	S
Name	LINDSAY, MARY		Name	ANSEL, CYTHIA
Address	327 COLUMBIA CIRCLE		Address	2202 PENNSYLVANIA DRIVE
City-State-Zip:	LAKE WORTH FL 33460		City-State-Zip:	LAKE WORTH FL 33460
Title	DIRECTOR		Title	DIRECTOR
Name	GOODSTEIN, MAY		Name	LATORRE, ELISE
Address	1717 12TH AVE S. #E4		Address	524 N.J ST
City-State-Zip:	LAKE WORTH FL 33460		City-State-Zip:	LAKE WORTH FL 33460
Title	DIRECTOR			
Name	FARRELL, JOAN			
Address	231 SOUTH PALMWAY, #8			
City-State-Zip:	LAKE WORTH FL 33460			

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: SAM GOODSTEIN   PRESIDENT   02/18/2016

Electronic Signature of Signing Officer/Director Detail   Date