2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90200 030 ****61.25

DOCUMENT # 702320

1. Entity Name
FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC.

40081640

Principal Place of Business	Mailing Address
650 CENTRAL AVENUE NAPLES, FL 34102 US	650 CENTRAL AVENUE NAPLES, FL 34102

03232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1030780 ☐ 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
LONG, ARDYN 3115 LANCASTER DRIVE #1 NAPLES, FL 34102	Name: NICK LINN Street Address (P.O. Box Number is Not Acceptable): 205 VIA PERIGNON City: NAPLES FL Zip Code: 34119

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: Nick Linn
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/13/07

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LONG, ARDYN 3115 LANCASTER DRIVE #1 NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LINN, NICK 203 VIA PERIGNON NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP 205	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOUGHTY, IRENE 1656 B SPOONHILL LANE NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT CLYDE CRAIG 744 WEDGE DRIVE #8 , FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER WILLIAM BUCHANEN 425 KINGSTOWN DRIVE NAPLES, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Nick Linn (NICK LINN) 4-13-07 239353.5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #