


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90039 029 \*\*\*\*61.25

<b>DOCUMENT # 702784</b>	
<b>1. Entity Name</b> FRIENDS OF THE LIBRARY, INCORPORATED, IN ST. PETERSBURG AND PINELLAS COUNTY, FLORIDA	

<b>Principal Place of Business</b> 3745 9TH AVENUE, N ST. PETERSBURG FL 33713	<b>Mailing Address</b> 3745 9TH AVENUE, N ST. PETERSBURG FL 33713
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 59-6151880	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  TRIMBLE, RALPH W 6187 - 25TH AVE N ST. PETERSBURG FL 33710
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<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete METZLER, BETTY 1357 86TH TERRACE N SAINT PETERSBURG FL 33702
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Delete KENT, MRS. DORRIS C. 10817 CLARA LN SAINT PETERSBURG FL 33708
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete TRIMBLE, RALPH W 6187 - 25TH AVE N SAINT PETERSBURG FL 33710
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete BELL, MOZELLE 5215 DOVER ST NE SAINT PETERSBURG FL 33703
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete CAFFERY, BETHIA 1019 JUNGLE AVE ST PETERSBURG FL 33710
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete DENNIS, NEIGHBOR C 1099 49TH STREET SOUTH SAINT PETERSBURG FL 33707

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEIGHBOR, DENNIS C.

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Ralph W Trimble* **RALPH W. TRIMBLE** 3/8/05 777-347-7954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

# 722784  
5026772

FRIENDS OF THE LIBRARY, INCORPORATED, IN ST. PETERSBURG AND  
PINELLAS COUNTY, FLORIDA

## Renewal Registration Statement

### Attachment - (continued)

#### Officers and Directors

Name(last name first) REICHLE, Bill Title: Director  
Home Address: 5016 43RD STREET SOUTH  
City, State, and Zip ST. PETERSBURG, FL 33711

Name(last name first) HOWELL, YVONNE Title: Director  
Home Address: 800 32ND AVENUE SOUTH #613  
City, State, and Zip ST. PETERSBURG, FL 33705

Name(last name first) VORHEES, TERRY Title: Director  
Home Address: 2876 17th AVENUE NORTH  
City, State, and Zip ST. PETERSBURG, FL 33713

Name(last name first) COTRELL, RICHARD Title: Director  
Home Address: 7065 53RD AVENUE NORTH  
City, State, and Zip ST. PETERSBURG, FL 33709

Name(last name first) MOORE, ART Title: Director  
Home Address: 7186 53RD STREET  
City, State, and Zip PINELLAS PARK, FL 33781

Name(last name first) YOUNG, JUNE Title: Director  
Home Address: 362 89TH AVENUE N. E.  
City, State, and Zip ST. PETERSBURG, FL 33702

Name(last name first) LUCK, RAY Title: Director  
Home Address: 2620 4TH AVENUE NORTH  
City, State, and Zip ST. PETERSBURG, FL 33713