


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90083 002 ****61.25

DOCUMENT # 703000

1. Entity Name
FRIENDS OF THE ELSIE QUIRK PUBLIC LIBRARY OF ENGLEWOOD, INC.



Principal Place of Business
**100 W. DEARBORN ST.
 ENGLEWOOD, FL 34223 US**

Mailing Address
**100 W DEARBORN ST
 ENGLEWOOD, FL 34223 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

20051783



03042005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**KOLACSKY, BONNIE K
 525 BOUNDARY BLVD
 ROTONDA WEST, FL 33947**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25
 Due by May 1, 2005**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	SALANDER, ELLEN	
STREET ADDRESS	61 NORTH BROADWAY	
CITY-ST-ZIP	ENGLEWOOD, FL 34223003	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LANDIS, JACK	
STREET ADDRESS	5263 THE POINTE	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOLACSKY, BONNIE	
STREET ADDRESS	525 BOUNDARY BLVD	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WARREN, EARL	
STREET ADDRESS	1063 KEYWAY RD.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILMORE, SUSAN	
STREET ADDRESS	860 BAYSHORE DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZERAD, ANGIE	
STREET ADDRESS	P.O. BOX 1025	
CITY-ST-ZIP	ENGLEWOOD, FL 342951025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY S. TURBEVILLE	
STREET ADDRESS	900 SUNSET LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN DUBOWIK	
STREET ADDRESS	2805-B NORTH BEACH ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINE KOURAPIS	
STREET ADDRESS	348 RED ASH CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNIE MIHALIK	
STREET ADDRESS	617 BRAMBLEWOOD LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH RAPP	
STREET ADDRESS	1218 JEFFERSON DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM SNEIGROVE	
STREET ADDRESS	612 APPLE LANE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

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 Bonnie Kolacsky **Bonnie Kolacsky, Treasurer & Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-7-05 Daytime Phone # 941-475-6271

ATTACHMENT

40031789

D
HELEN WIKOFF
329 OAKWOOD CIRCLE
ENGLEWOOD FL 34223

Document #703000