


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 704062 1. Entity Name FRIENDS OF THE VENICE PUBLIC LIBRARY, INC.	
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Principal Place of Business 300 S NOKOMIS VENICE, FL 34285	Mailing Address 300 S NOKOMIS VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1027774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOWD, JOHN F 300 S NOKOMIS VENICE, FL 34285	DO NOT WRITE IN THIS SPACE
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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, PENNY 1456 ROYALTY WAY VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOWD, JOHN F 1521 TAMiami TR S #303 VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, KEN 261 GINGER RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLOR, GAIL 432 PENSACOLA RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FINNIGAN, JOHN 320 8TH ST. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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01/10/05-60063-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Penny P. Martin PENNY P. MARTIN 1-5-5 941-484-1983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #