## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # 710356  1. Entity Name SANIBEL PUBLIC LIBRARY, INC.						01-23-2006 90116 032 ****61.25					
Principal Place of Business Malling Address 770 DUNLOP ROAD 770 DUNLOP ROAD SANIBEL, FL 33957 SANIBEL, FL 33957				· · · · · ·		l abbrica sprin			n sisii sish sis	MI(9) =1 (8 2)	
Principal Place of Business     3. Mailing Address											
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172006	Chg-NP	CR2E03	7 (11/05)		
City & State		City & State				4. FEI Number 59-620				oplied For ot Applicable	
Zip	Country		Zip Cou		5. Certificate of Sta		of Status Desired		\$8.75 Add		
	6. Name and Address of Current	i t Registered A	gent			7. Name and	Address of New				
ALIEN PA	ATRICIA .I			Name	Name						
ALLEN, PATRICIA J 770 DUNLOP ROAD SANIBEL, FL 33957				Street	Street Address (P.O. Box Number is Not Acceptable)						
				City		<u>-</u> .	<del></del> -	FL	Zip Cod	le	
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.											
	<b>33</b>										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE											
	Signature, typed or printed name of registered agen	t and title if applicabl	e. (NOTE: R	egistered Agent sign	ature required	when reinstating)		DATE			
	Signature, typed or printed name of registered agent Filing Fee is \$61.25 Due by May 1, 2006		e. (NOTE: R  9. Election Camp  Trust Fund Cor	aign Financing		\$5.00 May B Added to Fees	, o	DATE Make check orida Depar			
10.	Filing Fee is \$61.25		9. Election Camp	aign Financing		\$5.00 May B Added to Fees	, o	Make check orida Depar	tment of S	tate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND D  P  KREKEL, TOM  760 NERITA STREET  SANIBEL, FL 33957		9. Election Camp Trust Fund Cor	aign Financing ntribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dire	\$5.00 May B Added to Fees ADDITIONS/CH Ector Lie Ford 3 Sand Ca	ANGES TO OFFIC astle Road 33957	Make check orida Depar ERS AND DIS	TECTORS IN Change	tate N 10 XEX Addition	
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

120/2006 232472-6231