


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-23-2006 90116 032 \*\*\*\*61.25

<b>DOCUMENT # 710356</b> 1. Entity Name <b>SANIBEL PUBLIC LIBRARY, INC.</b>					
Principal Place of Business <b>770 DUNLOP ROAD SANIBEL, FL 33957</b>			Mailing Address <b>770 DUNLOP ROAD SANIBEL, FL 33957</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-6200187</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>ALLEN, PATRICIA J 770 DUNLOP ROAD SANIBEL, FL 33957</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>KREKEL, TOM</b> <b>760 NERITA STREET</b> <b>SANIBEL, FL 33957</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Millie Ford</b> <b>1133 Sand Castle Road</b> <b>Sanibel FL 33957</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Linda Kramer</b> <b>1175 Sand Castle Road</b> <b>Sanibel FL 33957</b>		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Dan Moeder</b> <b>625 Lake Murex Circle</b> <b>Sanibel FL 33957</b>		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Linda Uhler</b> <b>9426 Yucca Court</b> <b>Sanibel FL 33957</b>		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Bill Wollschlager</b> <b>4068 Coquina Drive</b> <b>Sanibel FL 33957</b>		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <b>Paul Roth</b> <b>2282 Wulfert Road</b> <b>Sanibel FL 33957</b>		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.			
<b>SIGNATURE: <u>Tom Krekel</u></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>1/20/2006</b> Daytime Phone # <b>239 472-6281</b>					