


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90047 021 ****70.00

DOCUMENT # 710356 1. Entity Name SANIBEL PUBLIC LIBRARY FOUNDATION, INC.					
Principal Place of Business 770 DUNLOP ROAD SANIBEL, FL 33957			Mailing Address 770 DUNLOP ROAD SANIBEL, FL 33957		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6200187	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, PATRICIA J 770 DUNLOP ROAD SANIBEL, FL 33957				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 <u><i>Patricia J. Allen</i></u> Patricia J. Allen, Executive Director and <u>3/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> Registered Agent					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	P KREKEL, TOM	<input checked="" type="checkbox"/> Delete	TITLE	P ROBISON, LINDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	760 NERITA STREET		STREET ADDRESS	2659 WEST GULF DRIVE B102	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	V HULIT, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE	V NIRENBERG, KENNETH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800 LIMPET DRIVE		STREET ADDRESS	15981 NELSON'S COURT	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	T NIRENBERG, KENNETH	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	15981 NELSON'S COURT		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	D UHLER, LINDA	<input checked="" type="checkbox"/> Delete	TITLE	S TOM KREKEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9426 YUCCA CT		STREET ADDRESS	760 NERITA STREET	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D WOLLSCHLAGER, BILL	<input checked="" type="checkbox"/> Delete	TITLE	D EDGAR, TOM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4068 COQUINA DR		STREET ADDRESS	1451 SAND CASTLE ROAD	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D JOHNS, KARL	<input checked="" type="checkbox"/> Delete	TITLE	D ALLEN, PATRICIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3273 TWIN LAKES LANE		STREET ADDRESS	4279A ISLAND CIRCLE	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	FORT MYERS, FL 33919	
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: <u><i>Thomas W. Krekel</i></u> Tom Krekel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> <small>Daytime Phone #</small>	