



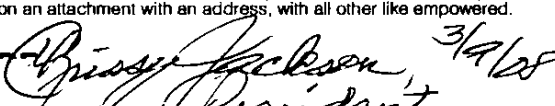
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90028 011 ****61.25

DOCUMENT # 714869					
1. Entity Name FRIENDS OF ST PETERSBURG BEACH PUBLIC LIBRARY, INC.					
Principal Place of Business 365 73RD AVENUE ST. PETE BEACH, FL 33706 US			Mailing Address 365 73RD AVE ST PETE BEACH, FL 33706 US		
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 59-6216588	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRAIMAN, STEPHEN J D 420 64TH AVE APT 706 ST PETE BEACH, FL 33706			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  STEPHEN J TRAIMAN March 3, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOONEY, BARBARA	NAME			
STREET ADDRESS	421 86TH AVE	STREET ADDRESS			
CITY-ST-ZIP	ST PETE BEACH, FL 33706	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWARK, PATRICIA E	NAME			
STREET ADDRESS	4545 PLAZA WAY	STREET ADDRESS			
CITY-ST-ZIP	ST PETE BEACH, FL 33706	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOWRY, HELEN	NAME			
STREET ADDRESS	1117 PINELLAS BAYWAY #302	STREET ADDRESS			
CITY-ST-ZIP	TIERRA VERDE, FL 33715	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PETERS, GLENN	NAME	PURDY, MEGANN		
STREET ADDRESS	105 11TH AVE #9	STREET ADDRESS	106 PASA-GRILLEWAY B-1		
CITY-ST-ZIP	ST PETE BEACH, FL 33706	CITY-ST-ZIP	ST PETE BEACH FL 33706		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, CHRISSY	NAME	P		
STREET ADDRESS	P.O. BOX 60069	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33736	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOGAN, SARAH D	NAME			
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH #1309	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715	CITY-ST-ZIP			

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  **3/4/08**