

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90218 032 ****61.25

DOCUMENT # 720506 1. Entity Name FRIENDS OF THE GULFPORT PUBLIC LIBRARY, INC.					
Principal Place of Business LIBRARY INC 5501 28TH AVE SO GULFPORT, FL 33707			Mailing Address LIBRARY INC 5501 28TH AVE SO GULFPORT, FL 33707		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01262005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 23-7112791	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BRIGGS, ELLEN 4939 27TH AVE SO GULFPORT, FL 33707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.		\$8.75 Additional Fee Required			
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDALES, ELBA 6020 SHORE DR SO GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pearl Fellman 6020 Shore Blvd Gulfport, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, NANCY 5414 30TH AVE SO GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann Shur 2808 57th St. So Gulfport, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRONG, PAT 5414 30TH AVE SO GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOZAK, BARBARA 6012 TANGERINE AVE S GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIGGS, ELLEN 4939 27TH AVE S GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Ellen Briggs</i>		4/17/05		727-327-2028	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	