## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2006 8:00 am Secretary of State

Pincipal Place of Business  ILBRARY INC  SS01 2811 AVE S0  GULPPORT, FL 33707  2. Principal Place of Business  Sulfin, Apt. F. etc.  Sulfin, Apt. F. etc.  Sulfin, Apt. F. etc.  City & Sulfin  City & Su	DOCUMENT # 720506  1. Entity Name FRIENDS OF THE GULFPORT PUBLIC LIBRARY, INC.						04-25-2006 9	•			
Suite, Apt. #. etc.    Suite, Apt. #. etc.   Suite, Apt. #. etc.   O2032006   Ctg.NP   CR2E037 (11105)	LIBRÁRY INC LIBRÁRY INC 5501 28TH AVE SO 5501 28TH AVE SO										
City & State  Country  Country  S. Conflictate Ossitua Desired  \$8.75 Additional  \$9.75	2. Principal P	face of Business	3. Mailing Address	failing Address							
Z3-711129    Nox Applicable   S. Certificate of Status Desired   S. Certificate of New Registered Agent   S. Certificate of New Reg	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02032006	Chg-NP	CR2E037	(11/05)		
8. Certificate of Status Desired   Fee Required	City & State		City & State			4. FEI Numbe 23-711	2791			<del> </del>	
BRIGGS, ELLEN 4939 27TH AVE SO GULFPORT, FL 33707  City FL Zip Code  8. That above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligation of registered agent, or both, in	Zip	Country	Zip	Country		5. Certificate	of Status Desired				
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Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  PL Zip Code  (P.O. Box Number is Not Acceptable)  City FL Zip Code  FL Zip Code  (P.O. Box Number is Not Acceptable)  City FL Zip Code  (P.O. Box Number is Not Acceptable)  City FL Zip Code  (P.O. Box Number is Not Acceptable)  City FL Zip Code  (P.O. Box Number is Not Acceptable)  City FL Zip Code  (P.O. Box Number is Not Acceptable)  City FL Zip Code  (P.O. Box Number is Not Acceptable)  City FL Zip Code  (P.O. Box Number is Not Acceptable)  City FL Zip Code  (P.O. Box Number is Not Acceptable)  City FL Zip Code  (P.O. Box Number is Not Acceptable to Florida. I am larnillar with, and socept the object part with a not accept part wit	DD1000 1			Nar	me						
B. 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    Signature, York or prime of registered agent and like 4 exploitable. (NOTE: Registered Agent signature required when resistancy)   DATE	4939 27TH AVE SO 6				eet Address (	P.O. Box Numbe	er is Not Acceptab	ole)			
B. 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    Signature, York or prime of registered agent and like 4 exploitable. (NOTE: Registered Agent signature required when resistancy)   DATE	!										
SIGNATURE    Signature   Signa	et v			City	City FL Zip Code						
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Due by May 1, 2006  Trust Fund Contribution.  Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE BUTCH ANDRESS CITY-ST-2P CITY ST-2P CITY S											
TITLE NAME STREET ADDRESS CITY-ST-ZP CULFPORT, FL 33707  CITY-S		Signature, typed or printed rieme of registered agen	t and title if applicable. (NOTE:	Registered Agent	signature required	when reinstating)		DATE			
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12. Thereby certify that the information cumuliad with this filling does not qualify for the examplians contained in Chanter 119. Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2006  D FELLMAN PEARL 6020 SHORE DR SO 20 LEPORT, FL 33707 B-MCM-SO STRONG, NANCY 5414 30TH AVE SO GULFPORT, FL 33707 A-TICS-V STRONG, PAT 5414 30TH AVE SO GULFPORT, FL 33707 D SHARI, ANN 2808 57TH ST SO GULFPORT, FL 33707 T BRIGGS, ELLEN 4939 27TH AVE S	9. Election Carm Trust Fund Co IRECTORS  Delete  Delete  Delete	paign Financi ontribution.  11.  ITTLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR STREET ADDR	RESS PACK STATES TO COMPARESS OF THE COMPARES OF THE COMPARESS OF THE COMPARES OF THE COMPARESS OF THE COMPARESS OF THE COMPARESS OF THE COMPA	\$5.00 May B Added to Fees ADDITIONS/CH MIDERS TO STORY S STORY	ANGES TO OFFICE ANGES TO OFFIC	Make check porda Departm SERS AND DIRECT So 3797 So 3370	CTORS IN CTORS IN Change Change Change Change Change	Addition  Addition  Addition	

12. I revery certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Sfatutes. 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 eath; 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 HAMPS OF JOHNING OFFICER OR DIRECTOR

4/19/06 Destine

Pat 3a7 -