

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2006 90112 010 ****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 | | |
| Zip | | Country | | Zip | |
| Country | | 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 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 _____ <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, 2006 | | 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 FELLMAN, PEARL 6020 SHORE DR SO GULFPORT, FL 33707 | | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Membership chair STRONG, NANCY 5414 30TH AVE SO GULFPORT, FL 33707 | | <input checked="" type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | First VP STRONG, PAT 5414 30TH AVE SO GULFPORT, FL 33707 | | <input checked="" type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHARI, ANN 2808 57TH ST SO GULFPORT, FL 33707 | | <input checked="" type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRIGGS, ELLEN 4939 27TH AVE S GULFPORT, FL 33707 | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | Julie O'Connor President 2020 Ray St. So. Gulfport, FL 33707 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | Director Christine Harmon 6935 80th Ave So. Apt 203 Gulfport, FL 33707 | | |
| 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: <i>Ellen Briggs</i> | | | Date: <i>4/19/06</i> Daytime Phone #: <i>727-327-2028</i> | | |