


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90082 030 ****61.25

DOCUMENT # 727783
 1. Entity Name
FRIENDS OF THE BLAKE LIBRARY IN STUART, INC.



Principal Place of Business Mailing Address
2351 SE MONETREY RD **2351 SE MONETREY RD**
STUART FL 34994 **STUART FL 34994**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-6155142 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
CARROZZA, PAMELA
7248 S. MAGELLEN RD.
STUART FL 34997

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARROZZA, PAMELA	
STREET ADDRESS	7248 SEMAGELLEN DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIE, MARY ANN	
STREET ADDRESS	3067 SE DOUBLTON DR.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PED	<input type="checkbox"/> Delete
NAME	DODGE, KRISTY	
STREET ADDRESS	2100 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	DONOHUE, EDITH	
STREET ADDRESS	144 NE EDGEWATER DR #3103	
CITY-ST-ZIP	STUART FL 34996	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIMBAT, JOHN	
STREET ADDRESS	2104 NW 2ND AVE., APT. 9421	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PAST President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROZZA, PAMELA	
STREET ADDRESS	7248 S.E. MAGELLEN LN	
CITY-ST-ZIP	STUART, FL. 34997	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Sippel	
STREET ADDRESS	42 S.E. HARBOR PT. DR.	
CITY-ST-ZIP	STUART, FL. 34996	
TITLE	KRISTY DODGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	342 SE Southwood Trail	
CITY-ST-ZIP	STUART, F 34997	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Phyllis M Sippel 2/24/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #