


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90456 005 \*\*\*\*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  
Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

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 **CONNIE BASS**  
Street Address (P.O. Box Number is Not Acceptable)  
**4185 SE ST. LUCIE BLVD.**  
City **STUART**      **FL**      Zip Code **34997**

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 *Constance L. Bass*      **CONSTANCE L. BASS**      **4/5/06**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reissuing)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PP Delete CARROZZA, PAMELA 7248 SE MAGELLAN LN STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete DAVIE, MARY ANN 3067 SE DOUBLTON DR. STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <input checked="" type="checkbox"/> Delete DODGE, KRISTY 342 SE SOUTHWOOD TRIAL STUART FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete SIPPEL, PHYLLIS 42 SE HARBOR PT DR STUART FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete DIMBAT, JOHN 2104 NW 2ND AVE., APT. 9421 STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Constance L. Bass*      **CONSTANCE L. BASS**      **4/5/06**