


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90028 033 ****61.25

DOCUMENT # 728179	
1. Entity Name FRIENDS OF THE PENSACOLA PUBLIC LIBRARY, INC.	

Principal Place of Business 200 WEST GREGORY ST. PENSACOLA, FL 32501	Mailing Address 6160 N DAVIS HWY SUITE 7 PENSACOLA, FL 32504
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50058968



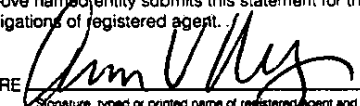
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 13394 Suite, Apt. #, etc.	
City & State		City & State Pensacola FL	
Zip	Country	Zip	Country
		32591-3394	USA

07052005 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7368565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEARS, ANN 6160 N DAVIS HWY SUITE 7 PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name Ann V. McIntyre Street Address (P.O. Box Number is Not Acceptable) 1800 East Maxwell Street City Pensacola FL Zip Code 32503	
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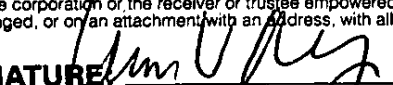
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Ann V. McIntyre, Treasurer** **7/22/05**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYNAK, ZOFRA 3150 MAFENS POINT BLVD PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Synak, Zofia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3150 Marcus Point Blvd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, PAULA 4220 PIEDMONT RD PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PROCTOR, BRADLEY 1810 E BLONT ST PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cami Woods <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 612 Sixth Street #27 Pensacola, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEARS, ANN 6160 N DAVIS HWY SUITE 7 PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD McIntyre, Ann V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1800 East Maxwell Street Pensacola FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  **Ann V. McIntyre, Treasurer** **7/22/05** **(650) 438-2990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #