

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90123 013 ****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 P.O. BOX 13394 PENSACOLA, FL 32591-3394		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MCINTYRE, ANN V 1800 EAST MAXWELL STREET PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name: <u>Sheila K Barfield</u> Street Address (P.O. Box Number is Not Acceptable): <u>4400 Bayou Blvd, 23-C</u> <u>Pensacola</u> City: <u>Pensacola</u> State: <u>FL</u> Zip Code: <u>32503</u>	
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: <u>Sheila K Barfield</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>3-13-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</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 PD NAME SYNAK, ZOFRA STREET ADDRESS 3150 MARCUS POINT BLVD CITY-ST-ZIP PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Elizabeth Hooton STREET ADDRESS 6510 Scenic Hwy CITY-ST-ZIP Pensacola, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME MARTIN, PAULA STREET ADDRESS 4220 PIEDMONT RD CITY-ST-ZIP PENSACOLA, FL 32503	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME WOODS, CAROL STREET ADDRESS 612 SOUTH FIRST STREET, # 27 CITY-ST-ZIP PENSACOLA, FL 32507	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME MCINTYRE, ANN V STREET ADDRESS 1800 EAST MAXWELL STREET CITY-ST-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Sheila K Barfield STREET ADDRESS 4400 Bayou Blvd, 23-C CITY-ST-ZIP Pensacola FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Sheila K Barfield</u> <u>Sheila K Barfield</u>				DATE: <u>3-13-06</u> <u>(950) 474 9133</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	