


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90028 015 \*\*\*\*61.25

<b>DOCUMENT # 728179</b> 1. Entity Name <b>FRIENDS OF THE PENSACOLA PUBLIC LIBRARY, INC.</b>					
Principal Place of Business <b>200 WEST GREGORY ST. PENSACOLA, FL 32501</b>			Mailing Address <b>P.O. BOX 13394 PENSACOLA, FL 32591-3394</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7368565</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BARFIELD, SHEILA K 4400 BAYOU BLVD, 23-C PENSACOLA, FL 32503</b>				Name <b>Barbara Cronmeyer</b> Street Address (P.O. Box Number is Not Acceptable) <b>1516 N. SPRING ST.</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32501</b>	
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 <b>Barbara Cronmeyer</b> <b>P.A. Cronmeyer</b> <b>2-20-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD HOOTON, ELIZABETH 6510 SCENIC HWY PENSACOLA, FL 32514</b>	<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	<b>VD MARTIN, PAULA 4220 PIEDMONT RD PENSACOLA, FL 32503</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President Martin, Greg 4220 Piedmont Rd. Pensacola, FL 32503</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD WOODS, CAROL 612 SOUTH FIRST STREET, # 27 PENSACOLA, FL 32507</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary Marian Green 200 Petty Cantonment, FL 32533</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD BARFIELD, SHEILA K 4400 BAYOU BLVD, 23-C PENSACOLA, FL 32513</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer Barbara Cronmeyer 1516 N. SPRING ST. PENSACOLA, FL 32501</b>
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 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.					
<b>SIGNATURE: Barbara Cronmeyer</b> <b>Barbara Cronmeyer</b> <b>2-20-07</b> <b>850 433-7230</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					