


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90021 020 ****61.25

DOCUMENT # 729968			
1. Entity Name FRIENDS OF THE INDIAN ROCKS BEACH LIBRARY, INC.			
Principal Place of Business C/O INDIAN ROCKS CITY HALL 1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 33785 US		Mailing Address C/O INDIAN ROCKS CITY HALL 1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 33785 US	
2. Principal Place of Business <i>Indian Rocks Beach City Hall</i> Suite, Apt. #, etc. <i>1507 Bay Palm Blvd.</i>		3. Mailing Address <i>Indian Rocks Beach City Hall</i> Suite, Apt. #, etc. <i>1507 Bay Palm Blvd</i>	
City & State <i>Indian Rocks Beach, FL</i>		City & State <i>Indian Rocks Beach, FL</i>	
Zip <i>33785</i>	Country <i>USA</i>	Zip <i>33785</i>	Country <i>USA</i>



MOORE CR2E037 (11/03)

4. FEI Number 23-7418334		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 MANEY, EMILY 1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 33785		7. Name and Address of New Registered Agent Name <i>MANEY, Emily</i> Street Address (P.O. Box Number is Not Acceptable) <i>1507 Bay Palm Blvd</i> <i>F</i> City <i>Indian Rocks</i> FL Zip Code	
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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 *Emily Maney* (NOTE: Registered Agent signature required when reinstating) DATE *3-25-04*

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	P MANEY, EMILY 2008 BEACH TRAIL INDIAN ROCKS BEACH FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Vivian Nolan</i> <i>500 20th Ave</i> <i>Indian Rocks Beach FL 33785</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAVIGNE, VERNA 411 20TH AVE INDIAN ROCKS BEACH FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>IVP</i> <i>Ann MacIntosh</i> <i>818 1st St</i> <i>Indian Rocks Beach FL 33785</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS PROCTOR, HELEN 460 N HARBOR DR INDIAN ROCKS BEACH FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Verna LaVigne</i> <i>411 20 Ave</i> <i>Indian Rocks Beach FL 33785</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SCHLISING, CORRINE 2403 BAY BLVD INDIAN ROCKS BEACH FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>RS</i> <i>Helen Proctor</i> <i>2940 West Bay Dr #404</i> <i>Belleair Bluffs FL 33770</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAITE, CAROL 2403 A BAY BLVD INDIAN ROCKS BEACH FL 33785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>2VP</i> <i>Jane Corrigan</i> <i>444 22nd St</i> <i>Belleair Beach FL 33786</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, BET 481 N HARBOR DR INDIAN ROCKS BEACH FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bets Driscoll</i> <i>481 N Harbor Dr</i> <i>Indian Rocks Beach FL 33785</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Verna LaVigne* **Verna LaVigne, Treas.** DATE: *3-25-04* DAYTIME PHONE #: *596-5647*