

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90096 026 ****61.25

DOCUMENT # 729968
 1. Entity Name
FRIENDS OF THE INDIAN ROCKS BEACH LIBRARY, INC.



Principal Place of Business Mailing Address
INDIAN ROCK BEACH CITY HALL **INDIAN ROCK BEACH CITY HALL**
1507 BAY PALM BLVD **1507 BAY PALM BLVD**
INDIAN ROCKS BEACH FL 33785 **INDIAN ROCKS BEACH FL 33785**
US **US**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Indian Rocks Beach City Hall *Savore*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1507 Bay Palm Blvd

City & State City & State
Indian Rocks Beach, FL
 Zip Country Zip Country
33785 USA

4. FEI Number **23-7418334** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MANEY, EMILY
1507 BAY PALM BLVD
INDIAN ROCKS FL 33785

7. Name and Address of New Registered Agent
 Name *Emily MANEY*
 Street Address (P.O. Box Number is Not Acceptable) *1507 Bay Palm Blvd*
 City *Indian Rocks Beach* FL Zip Code *33785*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	<i>NOALN</i> NOALN, VIVIAN	<input type="checkbox"/> Delete
STREET ADDRESS	500 20TH AVE.	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	LAVIGNE, VERNA	<input type="checkbox"/> Delete
STREET ADDRESS	411 20TH AVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	1VP MACINTOSH, ANN	<input type="checkbox"/> Delete
STREET ADDRESS	818 1ST ST.	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	LAVIGNE, VERNA	<input type="checkbox"/> Delete
STREET ADDRESS	411 20 AVE.	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	RS PROCTOR, HELEN	<input type="checkbox"/> Delete
STREET ADDRESS	2940 WEST BAY DR., #404	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D DRISCOLL, BET	<input type="checkbox"/> Delete
STREET ADDRESS	481 N HARBOR DR	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>P</i> Nolan, Vivian	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	500 20th Ave	
CITY-ST-ZIP	Indian Rocks Beach FL 33785	
TITLE	VP MacIntosh, Ann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	818 1st St	
CITY-ST-ZIP	Indian Rocks Beach FL 33785	
TITLE	<i>T</i> Valerie Fox	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	320 12th St	
CITY-ST-ZIP	Indian Rocks Beach FL 33785	
TITLE	<i>AV</i> Verna Lavignes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	411 20th Ave	
CITY-ST-ZIP	Indian Rocks Beach FL 33785	
TITLE	<i>RC</i> Peggy Campbell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	50 Golf Blvd	
CITY-ST-ZIP	Indian Rocks Beach FL 33785	
TITLE	<i>D</i> Dean Scott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	420 Harbor Dr. S	
CITY-ST-ZIP	Indian Rocks Beach FL 33785	

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 my powers reserved.

SIGNATURE: *Verna Lavigne* 4-11-05 127-596-1822
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date and Phone #