


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90141 044 ****61.25

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

Principal Place of Business INDIAN ROCK BEACH CITY HALL 1507 BAY PALM BLVD INDIAN ROCKS BEACH, FL 33785 US	Mailing Address INDIAN ROCK BEACH CITY HALL 1507 BAY PALM BLVD INDIAN ROCKS BEACH, FL 33785 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04112006 Chg-NP CR2E037 (11/05)

City & State	City & State
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4. FEI Number 23-7418334	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 Street Address (P.O. Box Number is Not Acceptable) City 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 4-11-06

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
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	NOLAN, VIVIAN
STREET ADDRESS	500 20TH AVE.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	AT <input type="checkbox"/> Delete
NAME	LAVIGNE, VERNIA
STREET ADDRESS	411 20TH AVE
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	VP <input type="checkbox"/> Delete
NAME	MACINTOSH, ANN
STREET ADDRESS	818 1ST ST.
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	T <input type="checkbox"/> Delete
NAME	FOX, VALERIE
STREET ADDRESS	320 12TH ST
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	RC <input type="checkbox"/> Delete
NAME	CAMPBELL, PEGGY
STREET ADDRESS	80 GULF BLVD
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	D <input type="checkbox"/> Delete
NAME	SCOTT, JEAN
STREET ADDRESS	420 HARBOR DR S
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY PAUL
STREET ADDRESS	2507 1ST STREET
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS SCHANER
STREET ADDRESS	14557 ANCHORAGE CIRCLE
CITY-ST-ZIP	SEMINOLE FL 33776
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELLE BENJAMIN
STREET ADDRESS	423 12TH AVE
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785

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: *Louis T Schaner* 04 11 2006 727 595-6662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LOUIS T SCHANER