


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**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04112006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
23-7418334

Applied For
 Not Applicable

Zip Country Zip Country

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
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAY PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2507 1ST STREET INDIAN ROCKS BEACH FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOUIS SCHANER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14557 ANCHORAGE CIRCLE SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHELLE BENJAMIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 423 12TH AVE 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* DATE: **04 11 2006** 727 DAYTIME PHONE: **595-6662**

LOUIS T SCHANER