

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

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**



01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000610838
02/02/07-80037-010 61.25**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **NOLAN, VIVIAN**
STREET ADDRESS **500 20TH AVE.**
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **AT**
NAME **PAUL, KAY**
STREET ADDRESS **2507 1ST ST**
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **VP**
NAME **MACINTOSH, ANN**
STREET ADDRESS **818 1ST ST.**
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **T**
NAME **SCHANER, LOUIS**
STREET ADDRESS **14557 ANCHORAGE CIR**
CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE **RC**
NAME **CAMPBELL, PEGGY**
STREET ADDRESS **80 GULF BLVD**
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **D**
NAME **BENJAMIN, MICHELLE**
STREET ADDRESS **423 12TH AVE**
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

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IN THIS SPACE**

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: *Emily Maney* **EMILY MANEY** 01-22-2007 727 596-1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #