

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90010 011 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



1st MOORE CR2E037 (10/07)

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: **Winifred Cosper**
 Street Address (P.O. Box Number is Not Acceptable): **108 - 21st Avenue, Indian Rocks Beach**
 City: **FL** Zip Code: **FL 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: Winifred Cosper DATE: 4/22/08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: NOLAN, VIVIAN STREET ADDRESS: 500 20TH AVE. CITY-ST-ZIP: INDIAN ROCKS BEACH FL 33785	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: WINIFRED COSPER STREET ADDRESS: 108-21st AVENUE CITY-ST-ZIP: INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AT NAME: PAUL, KAY STREET ADDRESS: 2507 1ST ST CITY-ST-ZIP: INDIAN ROCKS BEACH FL 33785	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: NANCY REUTER STREET ADDRESS: 206-16th Avenue # 2 CITY-ST-ZIP: INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: MACINTOSH, ANN STREET ADDRESS: 818 1ST ST. CITY-ST-ZIP: INDIAN ROCKS BEACH FL 33785	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: LOUISE D. LASALA STREET ADDRESS: 612 HIDDEN HARBOUR CITY-ST-ZIP: INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: SCHANER, LOUIS STREET ADDRESS: 14557 ANCHORAGE CIR CITY-ST-ZIP: SEMINOLE FL 33776	<input checked="" type="checkbox"/> Delete	TITLE: RS NAME: JOAN HUNTLEY STREET ADDRESS: 3317 19th PLACE SW CITY-ST-ZIP: LARGO, FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: RC NAME: CAMPBELL, PEGGY STREET ADDRESS: 80 GULF BLVD CITY-ST-ZIP: INDIAN ROCKS BEACH FL 33785	<input checked="" type="checkbox"/> Delete	TITLE: CS NAME: GAYLE PETERS STREET ADDRESS: 1 WINDRUSH #Y-2B CITY-ST-ZIP: INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BENJAMIN, MICHELLE STREET ADDRESS: 423 12TH AVE CITY-ST-ZIP: INDIAN ROCKS BEACH FL 33785	<input checked="" type="checkbox"/> Delete	TITLE: AT NAME: MARY LOU JENKINS STREET ADDRESS: 10267 IMPERIAL POINT DR. E CITY-ST-ZIP: LARGO, FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Louise D LaSala DATE: 4-22-08 FILE NO: 729968-9250