

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90085 032 ****61.25



DOCUMENT # 730308

1. Entity Name

FRIENDS OF THE LIBRARY OF NORTH PORT AREA, INC.

Principal Place of Business

13800 TAMiami TRAIL
 NORTH PORT LIBRARY
 NORTH PORT FL 34287
 US

Mailing Address

P.O. BOX 7821
 NORTH PORT FL 34287
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-1628592

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

7. Name and Address of New Registered Agent

EISELE, VERLA
 3405 LOG CABIN RD.
 NORTH PORT FL 34286

Name **VIVIAN PISCULLI**
 Street Address (P.O. Box Number is Not Acceptable) **637 CLEARVIEW DR.**
 City **PT CHARLOTTE** FL Zip Code **33953**

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

Vivian Pisculli Susan Pisculli Treas.

2/15/06

FILE NOW: 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	TD	<input type="checkbox"/> Delete
NAME	PISCULLI, VIVIAN	
STREET ADDRESS	637 CLEARVIEW DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, MARY LOU	
STREET ADDRESS	4521 FLINT DR	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOERSAM, DORIG	
STREET ADDRESS	3656 SLAYTON AVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OSTROWSKI, VITS	
STREET ADDRESS	4007 ABA LANE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORINNE CREA	
STREET ADDRESS	5079 WHISPERING OAK DR	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMAN SAYERS	
STREET ADDRESS	5269 WHITE IBIS DR.	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Susan Pisculli* **VIVIAN PISCULLI** 2/15/06