


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90023 029 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State

Zip Country



05162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1628592

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PISCULLI, VIVIAN } deceased
 637 CLEARVIEW DR
 PORT CHARLOTTE, FL 33953**

7. Name and Address of New Registered Agent

Name **DALE Kirkland**

Street Address (P.O. Box Number is Not Acceptable)
2904 Egret Court

City **North Port** FL Zip Code **34287**

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 Dale Kirkland Dale Kirkland TREASURER 21 Aug 2007

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

Filing Fee is \$61.25 Due by September 14, 2007

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	TD PISCULLI, VIVIAN 637 CLEARVIEW DR PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREA, CORINNE 5079 WHISPERING OAK DR NORTH PORT, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <u>DOERS</u> DOERSAM, DORIS 3656 SLAYTON AVE NORTH PORT, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <u>CARMEN</u> SAYERS, CARMAN 5269 WHITE IBIS DR NORTH PORT, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DALE Kirkland 2904 Egret Court North Port, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Conway 5151 Pine Shadow Lane North Port, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Wilkins 6841 Ocean Court North Port, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Dale Kirkland Dale Kirkland 21 Aug 2007 941-426-5234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(Home of Treasurer)