


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 731667	
1. Entity Name FRIENDS OF THE LIBRARY OF LAUDERDALE LAKES, FLORIDA, INC.	

Principal Place of Business 3521 43RD AVENUE LAUDERDALE LAKES, FL 33319 US	Mailing Address 3521 43RD AVENUE LAUDERDALE LAKES, FL 33319 US
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02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1745469	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GORE, JOHN
4401 NW 41 STREET
203
LAUDERDALE LAKES, FL 33319**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000637567 02/26/07-80067-007 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORE, JOHN 4401 NW 41 ST #203 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, MONIQUE 4540 NW 36 ST #316 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORE, WILLIE 4401 NW 41 ST. #203 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANCO, ELSA 3800 NW 90 AVE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: John Gore / JOHN GORE Feb. 14, 2007 954-485-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #