


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90166 038 \*\*\*\*61.25

<b>DOCUMENT # 732476</b>					
<b>1. Entity Name</b> <b>FRIENDS OF THE LIBRARY</b>					
<b>Principal Place of Business</b> <b>430 NORTH MAIN ST</b> <b>GAINESVILLE, FL 32601</b>			<b>Mailing Address</b> <b>430 NORTH MAIN ST</b> <b>GAINESVILLE, FL 32601</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>59-6212422</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <input type="checkbox"/>	
				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>BARTLETT, BEVERLY</b> <b>1421 NW 47TH TERR</b> <b>GAINESVILLE, FL 32605</b>			<b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>   <b>City</b> <span style="float: right;"><b>FL</b></span> <b>Zip Code</b>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;"><b>DATE</b> _____</span>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>BARTLETT, BEVERLY</b> <b>1421 N.W. 47TH TER</b> <b>GAINESVILLE, FL 32605</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>BARTLETT, BEVERLY</b> <b>1421 NW 47TH TERR</b> <b>GAINESVILLE, FL 32605</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>WAGENER, MARGARET</b> <b>5012 N. W. 15TH PLACE</b> <b>GAINESVILLE, FL 32605</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>GERARD, JOAN</b> <b>10010 SW 52 ROAD</b> <b>GAINESVILLE, FL 32608</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>TARBOX, GILLETTE</b> <b>1734 N. W. 17TH LANE</b> <b>GAINESVILLE, FL 32605</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>TARBOX, GILLETTE</b> <b>18515 NW 28 PLACE</b> <b>NEW BERRY, FL 32669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Beverly Bartlett</u> <b>BEVERLY BARTLETT</b>			<b>1-9-06</b> <span style="float: right;"><b>252-377-8257</b></span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		