



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90025 014 ****70.00

DOCUMENT # 743124 1. Entity Name FRIENDS OF THE KEY LARGO LIBRARY, INC.					
Principal Place of Business KEY LARGO LIBRARY 101485 OVERSEAS HIGHWAY KEY LARGO, FL 33037 US			Mailing Address OVERSEAS HIGHWAY P.O. BOX 836 KEY LARGO, FL 33037		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1858323	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARROW, OANR. 205 N. OCEAN DRIVE KEY LARGO, FL 33037			7. Name and Address of New Registered Agent Name Dorea Schramm Street Address (P.O. Box Number is Not Acceptable) 121 7th Lane City Key Largo FL Zip Code 33037		
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 <u><i>Dorea Schramm</i></u> DATE <u>1-14-08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D MORROW, PAULA C 67 SHORELAND DR KEY LARGO, FL 33037	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, FRED 14 GAYTON PL. KEY LARGO, FL 33037	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELDMAN, FRIEDA 14 GAYTON PLACE KEY LARGO, FL 33037	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHRAMM, DOREA 121 7TH LN KEY LARGO, FL 33037	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUOK, MARY LOU 34 NORTH DRIVE KEY LARGO, FL 33037	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIELKE, JOAN 206 BURGUNDY PL TAVERNIER, FL 33070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Lou Buck <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34 North Drive Key Largo, FL. 33037				
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: <u><i>Dorea Schramm</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1-14-08</u> <small>Date</small>		<u>305-451-2396</u> <small>Daytime Phone #</small>