


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 745310

1. Entity Name
FRIENDS OF THE HELEN WADLEY BRANCH LIBRARY ISLAMORADA, INC.



Principal Place of Business F MONROE COUNTY, FLORIDA, INC. OVERSEA HIGHWAY-LIBRARY BLDG. ISLAMORADA, FL 33036	Mailing Address F MONROE COUNTY, FLORIDA, INC. P.O. BOX 1129 ISLAMORADA, FL 33036
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1943561	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATRICIA H SCHMIDT
187 TAMPA DRIVE
TAVERNIER, FL 33070**

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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, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MISSEY, VIRGINIA 83201 OVERSEAS HWY ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMIDT, PATRICIA H 187 TAMPA DR TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, KATE 119 ZANE CREEK DRIVE LAYTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000185879
01/21/05-80033-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia H Schmidt* Patricia H Schmidt 1/18/05 3058530476

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