## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

Mailing Address

Suite, Apt. #, etc.

## **DOCUMENT #745310**

Principal Place of Business

Suite, Apt. #, etc.

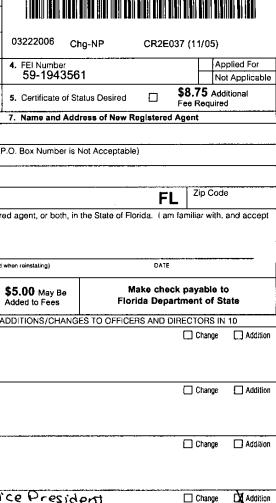
FRIENDS OF THE HELEN WADLEY BRANCH LIBRARY ISLAMORADA, INC.



F MONROE COUNTY, FLORIDA, INC. OVERSEA HIGHWAY-LIBRARY BLDG. F MONROE COUNTY, FLORIDA, INC. P.O. BOX 1129 ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 2. Principal Place of Business 3. Mailing Address

## **FILED** Mar 30, 2006 8:00 am Secretary of State

03-30-2006 90014 022 \*\*\*\*61.25



City & State C			ity & State		4. FEI Number 59-194356	4. FEI Number 59-1943561		plied For t Applicable	
Zip	Country Zip		P	Country	5. Certificate of St			3.75 Additional Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
PATRICIA H SCHMIDT					Name				
187 TAMPA DRIVE TAVERNIER, FL 33070				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
				City		, FL	Zip Code	)	
	named entity submits this statemen ions of registered agent.	t for the purp	oose of changing its re	gistered office or re	egistered agent, or both, in	the State of Florida. I am fa	miliar with,	and accept	
SIGNATURE .							7		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Camp Trust Fund Co					\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS 11.				11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	10	
TITLE	VD		☐ Defete	TITLE			Change	☐ Addition	
NAME	MISSEY, VIRGINIA			NAME				,	
STREET ADDRESS	83201 OVERSEAS HWY			STREET ADDRESS					
CITY-ST-ZIP	ISLAMORADA, FL 33036			CITY-ST-ZIP					
TITLE	TD		☐ Delete	TITLE			Change	☐ Addition	
NAME	SCHMIDT, PATRICIA H			NAME				ļ	
STREET ADDRESS CITY-ST-ZIP	187 TAMPA DR			STREET ADDRESS CITY-ST-ZIP					
	TAVERNIER, FL 33070								
TITLE	'		Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	FISCHER, KATE   119 ZANE CREEK DRIVE			NAME STREET ADDRESS					
CITY-\$T-ZIP	LAYTON, FL			CITY-ST-ZIP					
TITLE			☐ Delete	TITLE	Vice Presid	o-st	Change	Addition	
NAME			C Celele	NAME	Rosemary	ent Flyma Jule Drive	Onlinge	Cal Addition	
STREET ADDRESS				STREET ADDRESS	129 Bayure	Jyle Drive		Ì	
CITY-ST-ZIP				CITY-ST-ZIP	Islamora	da FL 3303	36		
TITLE			☐ Delete	TITLE	President		☐ Change	Addition	
NAME				NAME	Sandy Hay	<b>Φ</b> (			
STREET ADDRESS				STREET ADDRESS	14Y Waniki 1	<b>⊃</b> ⊂			
CITY-ST-ZIP				CITY-ST-ZIP	Tavernier	Fr 33076			
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition	
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
12. I hereby of indicated	certify that the information supplied to on this report or supplemental repo	with this filing rt is true and	does not qualify for the accurate and that my	ne exemptions con signature shall hav	ntained in Chapter 119, Flor ve the same legal effect as	rida Statutes. I further certifif if made under oath; that I ar	y that the ini n an officer	formation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-360-568