


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03222006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1943561

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

40040140



6. Name and Address of Current Registered Agent
**PATRICIA H SCHMIDT
 187 TAMPA DRIVE
 TAVERNIER, FL 33070**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MISSEY, VIRGINIA	
STREET ADDRESS	83201 OVERSEAS HWY	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHMIDT, PATRICIA H	
STREET ADDRESS	187 TAMPA DR	
CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, KATE	
STREET ADDRESS	119 ZANE CREEK DRIVE	
CITY-ST-ZIP	LAYTON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Flynn	
STREET ADDRESS	129 Bayview Isle Drive	
CITY-ST-ZIP	Islamorada FL 33036	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Hayes	
STREET ADDRESS	149 Kahiki Dr	
CITY-ST-ZIP	Tavernier FL 33070	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Patricia H Schmidt **Patricia H Schmidt** 3/21/06 305-360-5681

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