



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90135 016 ****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		40045611 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03202007 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 59-1943561	
				Applied For <input type="checkbox"/> Not Applicable	
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 <u>Elizabeth Jolin</u> Street Address (P.O. Box Number is Not Acceptable) <u>8199 Old Hwy</u> City <u>Islamorada</u> FL Zip Code <u>33036</u>	
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>Elizabeth J. Jolin</u> DATE <u>3/21/07</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, 2007		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	VD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISSEY, VIRGINIA		NAME	Elizabeth Jolin	
STREET ADDRESS	83201 OVERSEAS HWY		STREET ADDRESS	Islamorada FL 33036	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMIDT, PATRICIA H		NAME	Christy Hughes	
STREET ADDRESS	187 TAMPA DR		STREET ADDRESS	209 Palm	
CITY-ST-ZIP	TAVERNIER, FL 33070		CITY-ST-ZIP	Islamorada FL 33036	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYMES, ROSEMARY		NAME	Margie Smith	
STREET ADDRESS	129 BAYVIEW ISLE DR		STREET ADDRESS	209 Palm	
CITY-ST-ZIP	ISLAMORADA, FL 33036		CITY-ST-ZIP	Islamorada FL 33036	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, SANDY		NAME	Mary Tagliareni	
STREET ADDRESS	148 KAHIKI DR		STREET ADDRESS	32 Park	
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP	Islamorada FL 33036	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Elizabeth J. Jolin</u> DATE <u>3/21/07</u> DAYTIME PHONE # <u>3053930994</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					