

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 745900**  
1. Entity Name  
**FRIENDS OF THE MONROE COUNTY PUBLIC LIBRARY  
IN KEY WEST, FLORIDA, INC.**



Principal Place of Business  
**700 FLEMING ST.  
KEY WEST, FL 33040-6828**

Mailing Address  
**1025 FLEMING STREET  
KEY WEST, FL 33040 US**



01222004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1897084** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLEMENTS, THOMAS  
1025 FLEMING ST  
KEY WEST, FL 33040**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Type or print name of registered agent and title, if applicable. (NOT Registered Agent signature required when consisting)

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	KLINGENER, NANCY
STREET ADDRESS	411 GRINNELL ST.
CITY- ST- ZIP	KEY WEST, FL 33040
TITLE	VD
NAME	JACOBSON, BARBARA
STREET ADDRESS	818 GRINNELL ST
CITY- ST- ZIP	KEY WEST, FL 33040
TITLE	TD
NAME	CLEMENTS, THOMAS
STREET ADDRESS	1025 FLEMING
CITY- ST- ZIP	KEY WEST, FL
TITLE	D
NAME	CHURCHILL, PRUDENCE
STREET ADDRESS	10 NASSAU LANE
CITY- ST- ZIP	KEY WEST, FL 33040
TITLE	D
NAME	EPLER, DICK
STREET ADDRESS	204 SOUTHARD ST., #8
CITY- ST- ZIP	KEY WEST, FL 33040
TITLE	PD
NAME	POTTER, ROSANNE G
STREET ADDRESS	519 CATHERINE ST.
CITY- ST- ZIP	KEY WEST, FL 33040

U00000013882  
01/26/04-80071-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas Clements **THOMAS CLEMENTS** 1/21/04 305-292-1025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR