2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # 749380** 1. Entity Name 04-19-2005 90385 022 ****61.25 FRIENDS OF THE LIBRARY OF LIGHTHOUSE POINT, FLORIDA, INC. Principal Place of Business Mailing Address 2200 NE 38TH STREET P.O. BOX 5100 LIGHTHOUSE POINT FL 33064 2200 NE 38TH STREET P.O. BOX 5100 LIGHTHOUSE POINT FL 33064 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2331329 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SULLIVAN, WILLIAM F 2211 N.E. 36 ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 204 LIGHTHOUSE POINT FL 33064 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change CONWAY GORDON, SUSIE BRIDGET NAME 2648 NE 26 AVENTE 2351 NE 29 STREET STREET ADDRESS STREET ADDRÉSS LIGHTHOUSE POINT FL CITY-ST-ZIP CITY-ST-ZIP 16-47HOUSE POINT FL 33064 TITLE ☐ Delete TITLE Addition COHEN, DONNA NAME PAMELA SARGENT 2001 NE BOSTREET 3311 NE 26 AVE STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FO CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33069 TITLE ☐ Delete ☐ Addition GRIFFIN, MARY NAME NAME STREET ADDRESS 3320 NE 26 AVE STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE PT FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition ANDERSON, VICTORIA NAME NAME 3890 NE 25 AVE STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Addition GRANT, JACQUELINE NAME NAME 3801 NE 27 AVE STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TRUDEL, JUDY NAME NAME 2130 NE 34 ST STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-7/P CITY-ST-ZIP 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.

FILED

Date

Daytime Phone #