


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 749380		
1. Entity Name FRIENDS OF THE LIBRARY OF LIGHTHOUSE POINT, FLORIDA, INC.		
Principal Place of Business 2200 NE 38TH STREET P.O. BOX 5100 LIGHTHOUSE POINT, FL 33064	Mailing Address 2200 NE 38TH STREET P.O. BOX 5100 LIGHTHOUSE POINT, FL 33064	



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2331329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SULLIVAN, WILLIAM F 2211 N.E. 36 ST. SUITE 204 LIGHTHOUSE POINT, FL 33064

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

000000843803
03/12/08-80010-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GORDON, SUSIE 2351 NE 29 STREET LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COHEN, DONNA 3311 NE 26 AVE LIGHTHOUSE POINT, FO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRIFFIN, MARY 3320 NE 26 AVE LIGHTHOUSE PT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANDERSON, VICTORIA 3890 NE 25 AVE LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONWAY, BRIDGET 2648 NE 26 AVENUE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARGENT, PAMELA 2001 NE 30 ST LIGHTHOUSE POINT, FL 33064

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susie Gordon
Date **3/26/08**

Daytime Phone #