

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

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90013 016 ****61.25

DOCUMENT # 749397

1. Entity Name

FRIENDS OF THE LARGO LIBRARY, INC.



Principal Place of Business

351 EAST BAY DRIVE
LARGO FL 33770

Mailing Address

351 EAST BAY DRIVE
LARGO FL 33770

50011885



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3225783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGLAND, VIRGINIA G CPA
FIRST UNION BANK BUILDING
801 WEST BAY DRIVE, SUITE 506
LARGO FL 33770-3220

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MCCARTHY, F PAUL
12872 137TH LANE NORTH
LARGO FL 33774 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHALIT, IRIS
13767 DOMINICA DR.
SEMINOLE FL 33776 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATD
PORTER, KATHRYN
608 7TH AVE. N.W.
LARGO FL 33770 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BRAYICK JEAN
1540 GOLF BLVD., APT. 440
CLEARWATER FL 33767 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RSD
BURGESS, RUTH
4550 COVE CIRCLE, APT. 1108
MADIERA BEACH FL 33708 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GAY DYER-DEAN
1637 BROOKSIDE BLVD.
LARGO, FL 33770 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHALIT, STANLEY
13767 DOMINICA DR.
SEMINOLE FL 33776 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHALIT, IRIS
13767 DOMINICA DR.
SEMINOLE FL 33776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: F. Paul McCarthy F. PAUL MCCARTHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05 727-595-2015

Date

Daytime Phone #