


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90076 014 \*\*\*\*61.25

<b>DOCUMENT # 750428</b> 1. Entity Name PALM HARBOR FRIENDS OF THE LIBRARY, INC.					
Principal Place of Business 2330 NEBRASKA AVE PALM HARBOR, FL 34683			Mailing Address 2330 NEBRASKA AVE PALM HARBOR, FL 34683		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1975075					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MALOUF, WALDENSE D 700 DELAWARE AVENUE PALM HARBOR, FL 34683					
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DUNNING, MIRIAM <input checked="" type="checkbox"/> Delete 2281-A SHELLY DRIVE PALM HARBOR, FL 34685				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALOUF, JEANNETTE <input type="checkbox"/> Delete 700 DELAWARE AVENUE PALM HARBOR, FL 34683				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRANCH, JANE A <input type="checkbox"/> Delete 3103 S CANAL DRIVE PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ROYO, MARTI <input checked="" type="checkbox"/> Delete 112 LAKE SHORE DRIVE PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GREENSTREET, DOROTHY M <input type="checkbox"/> Delete 6951 COUNTY ROAD 95 PALM HARBOR, FL 34684				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANKLIN, ELIZABETH <input type="checkbox"/> Delete 856 BELTED KINGFISHER DR S PALM HARBOR, FL 34683				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
SD Maddi Okun <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 856 Village Way Palm Harbor, FL 34683					
VPD Tanya Altschaft <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3689 Imperial Ridge Parkway Palm Harbor, FL 34684					
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.					
<b>SIGNATURE:</b> Dorothy M. Greenstreet, Treasurer <i>Dorothy M. Greenstreet</i> (727) 784-8908 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					