

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90005 027 ****70.00

DOCUMENT # 753734	
1. Entity Name FRIENDS OF THE PALM BEACH COUNTY PUBLIC LIBRARY, INC.	

Principal Place of Business 3650 SUMMIT BLVD WEST PALM BEACH, FL 33406	Mailing Address 3650 SUMMIT BLVD WEST PALM BEACH, FL 33406
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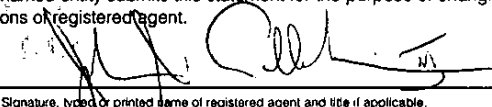
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07092007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2038524	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLAHAN, JOHN J III 3650 SUMMIT BLVD. WEST PALM BEACH, FL 33406	
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.

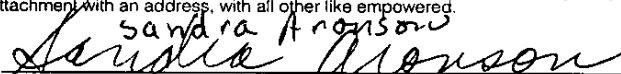
SIGNATURE  DATE **9/6/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARONSON, SANDRA	NAME	
STREET ADDRESS	72 KING FISHER WAY	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MICKELSON, LOIS	NAME	
STREET ADDRESS	618 PARKWAY COURT	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES, FL 33413	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JUNKER, TRUDY	NAME	
STREET ADDRESS	7349 LOGIG DR	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BELL, BETTY B	NAME	
STREET ADDRESS	467 CAPISTRANO DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP	
TITLE	VPD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ROTHMAN, EILEEN	NAME	
STREET ADDRESS	7900 DORCHESTER RD	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Carol Roggerstein	NAME	
STREET ADDRESS	11303 Corn Bug Drive	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	CITY-ST-ZIP	

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:  TRES. **9/6/07** (561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #