

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755881

FILED
Apr 11, 2006
Secretary of State

Entity Name: FRIENDS OF THE COASTAL REGION LIBRARY, INC.

Current Principal Place of Business:

8619 WEST CRYSTAL STREET
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

8619 WEST CRYSTAL STREET
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-2075125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLEY, BARBARA
2205 N. KINGS COVE PT
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAINE, MEREDITH
Address: 11321 W. BAYSHORE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VPD () Delete
Name: LUDKE, MARGARET
Address: 1507 N ENDICOTT PT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: TD () Delete
Name: GILLEY, BARBARA
Address: 2205 N. KINGS COVE PT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD () Delete
Name: WELCH, JANET
Address: 11634 W. BAYSHORE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMYTH, ELISABETH
Address: 11500 W. BAYSHORE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VPD (X) Change () Addition
Name: EBERT, CATHERINE
Address: 500 MILLER CREEK ROAD
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TD (X) Change () Addition
Name: GILLEY, BARBARA
Address: 2205 N. KINGS COVE PT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD (X) Change () Addition
Name: WELCH, JANET
Address: 11634 W. BAYSHORE DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GILLEY

TD

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date