

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 19, 2005  
Secretary of State**

DOCUMENT# 767239

Entity Name: FRIENDS OF THE ORMOND BEACH PUBLIC LIBRARY, INC.

**Current Principal Place of Business:**

%30 S. BCH. ST.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

%30 S. BCH. ST.  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-2301462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRANDON, GERALD  
7 FAWN PASS WAY  
ORMOND BEACH, FL 32174      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: BRANDON, GERALD  
Address: 7 FAWN PASS WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D      ( ) Delete  
Name: MARGARET, RILEY  
Address: 1586 POPLAR DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SVPD      ( ) Delete  
Name: WATHEN, THAD  
Address: 1104 SHERBOURNE WAY  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN LARUE

Electronic Signature of Signing Officer or Director

TREA

01/19/2005

\_\_\_\_\_ Date