


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90109 015 ****61.25

DOCUMENT # N00000006548		
1. Entity Name FRIENDS OF THE NEW PORT RICHEY LIBRARY, INC.		

Principal Place of Business 5939 MAIN STREET NEW PORT RICHEY, FL 34652	Mailing Address 5939 MAIN STREET NEW PORT RICHEY, FL 34652
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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	Zip	Country



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HOOK, JOAN NELSON 4918 FLORMAR TERRACE NEW PORT RICHEY, FL 34652	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, CARMINE J			NAME			
STREET ADDRESS	13224 NORMAN CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	HUDSON, FL 34652			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYMAN-KARGMAN, JUDY			NAME			
STREET ADDRESS	6403 MISSOURI AVE.			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, JUDY DEBELLA			NAME			
STREET ADDRESS	6035 GRAND BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REES, JOAN			NAME	Rees, Joan		
STREET ADDRESS	5803 MASSACHUSETTS AVE			STREET ADDRESS	5803 Massachusetts Ave		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	New Port Richey, FL 34652		
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRACE, DAVID			NAME	PRACE, DAVID		
STREET ADDRESS	4745 FLORMAR TERRACE			STREET ADDRESS	4745 Flormar Terrace		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	New Port Richey, FL 34652		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYTUM, VONNIE			NAME			
STREET ADDRESS	6221 MONTANA AVE.			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			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: <i>Joan Rees</i>	JOAN REES	1/17/07	137.845.8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #