2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007569

FILED Apr 30, 2006 Secretary of State

Entity Name: THE FRIENDS OF THE NORTH COUNTY PUBLIC LIBRARY, INC.

Current Principal Place of Business: New Principal Place of Business:

2801 2801 NEWTOWN BLVD 2801 NEWTOWN BLVD SARASOTA, FL 34234 SARASOTA, FL 34234

Current Mailing Address: New Mailing Address:

2315 MCCLELLAN PKWY SARASOTA, FL 34239

FEI Number: 65-1038788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LANIER, PATTIE 2315 MCCLELLAN PKWY SARASOTA, FL 34239 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: PD (X) Change () Addition Name: CAMPBELL, CELESTINE Name: CAMPBELL, CELESTINE

 Name:
 CAMPBELL, CELESTINE
 Name:
 CAMPBELL, CELESTINE

 Address:
 3526 PRADO DRIVE
 Address:
 3526 PRADO DRIVE

 City-St-Zip:
 SARASOTA, FL 34235
 City-St-Zip:
 SARASOTA, FL 34235

Title: D () Delete Title: D (X) Change () Addition

 Name:
 FULTZ, DAVID
 Name:
 GELINAS, MARIA

 Address:
 4815 JACARANDA HEIGHTS DR.
 Address:
 1235 15TH ST

 City-St-Zip:
 VENICE, FL 34293
 City-St-Zip:
 SARASOTA, FL 34234

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LANIER, PATTIE
 Name:
 LANIER, PATTIE

 Address:
 2315 MCCKEKKAN PKWY
 Address:
 2315 MCCKELLAN PKWY

 City-St-Zip:
 SARASOTA, FL 34239
 City-St-Zip:
 SARASOTA, FL 34239

Title: SD () Delete Title: () Change () Addition

 Name:
 MILLS, LAURA
 Name:

 Address:
 4517 ASCOT CIRCLE S.
 Address:

 City-St-Zip:
 SARASOTA, FL 34235
 City-St-Zip:

 Name:
 HODGES, PAULINE
 Name:
 HUGHES, JO-ANN

 Address:
 1159 FOUR SEASONS CIRCLE
 Address:
 2545 22ND ST

 City-St-Zip:
 SARASOTA, FL 34234
 City-St-Zip:
 SARASOTA, FL 34234

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: PATTIE LANIER O/D 04/30/2006