

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004114

FILED
Mar 29, 2006
Secretary of State

Entity Name: THE FRIENDS OF FRUITVILLE PUBLIC LIBRARY, INC.

Current Principal Place of Business:

100 COBURN RD.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

100 COBURN RD.
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-1114021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMATO, SHARI
13325 N. BRANCH ROAD
SARASOTA, FL 34240 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: ROSNER, MARY
Address: 3367 SANDLEHEATH
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: CURTIS, DONALD E
Address: 4340 BRANDYWINE DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: TD () Delete
Name: AMATO, SHARI
Address: 13325 N. BRANCH ROAD
City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete
Name: SHANAHAN, JANICE
Address: 8037 WATERVIEW BLVD
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: KRUPKIN, STUART
Address: 3391 HADFIELD GREENE
City-St-Zip: SARASOTA, FL 34235

Title: SD () Delete
Name: JOHANNESEN, JAN
Address: 1051 RACIMO DRIVE
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WILLIAMS, FREDRICKA
Address: 7748 CASTLE ISLAND DRIVE
City-St-Zip: SARASOTA, FL 34240

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

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 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: SHARI AMATO

DT

03/29/2006

Electronic Signature of Signing Officer or Director

Date