2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008335

FILED Jul 15, 2005 Secretary of State

Entity Name: FRIENDS OF THE FORT MYERS LIBRARY, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	TRAL AVE. S, FL 33901	
Current M	lailing Address:	New Mailing Address:
	TRAL AVE. S, FL 33901	
	: 54-2083697 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable () Certificate of Status Desired () at receive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
EMMEL, RUTH 273 LAKESIDE DR., NORTH FT. MYERS, FL 33903 US		WALLACE, BYRON 1824 SE 10TH STREET CAPE CORAL, FL 33990 US
	$_{\mbox{\scriptsize p}}$ named entity submits this statement for the $\mbox{\scriptsize p}$ e of Florida.	ourpose of changing its registered office or registered agent, or both,
SIGNATUF	RE: BYRON WALLACE	07/15/2005
	Electronic Signature of Registered Age	ent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete WALLACE, BYRON 1824 SE 10TH ST CAPE CORAL, FL 33990	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete HAMISTER, GINA 24212 LAKE RD BAY VILLAGE, OH 44140	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete FORD, CAROLYN 5239 TIFFANY COURT CAPE CORAL, FL 33904	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete HOFFIELD, SUSAN 3709 BROADWAY 209 FORT MYERS, FL 33901	Title: T (X) Change () Addition Name: GIBSON, ROBERT Address: 2260 FIRST STREET, #209 City-St-Zip: FORT MYERS, FL 33901
Title: Name: Address: City-St-Zip:	D () Delete KINGSLEY, EDITH 1920 VIRGINIA AVE 601 FORT MYERS, FL 33901	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete WALLACE, KAYE 1824 SE 10TH ST CAPE CORAL, FL 33990	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: BYRON WALLACE P 07/15/2005