2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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

Principal Place of Business	Mailing Address
2050 CENTRAL AVE. FT. MYERS, FL 33901	2050 CENTRAL AVE. FT. MYERS, FL 33901

01062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
54-2083697

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, BYRON
1824 SE 10TH STREET
CAPE CORAL, FL 33990

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLACE, BYRON
STREET ADDRESS	1824 SE 10TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	VP
NAME	HAMISTER, GINA
STREET ADDRESS	24212 LAKE RD
CITY-ST-ZIP	BAY VILLAGE, OH 44140
TITLE	S
NAME	FORD, CAROLYN
STREET ADDRESS	5239 TIFFANY COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	T
NAME	GIBSON, ROBERT
STREET ADDRESS	2260 FIRST STREET, #209
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	KINGSLEY, EDITH
STREET ADDRESS	1920 VIRGINIA AVE 601
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	WALLACE, KAYE
STREET ADDRESS	1824 SE 10TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33990

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01/30/06-80023-016 70.00

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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: Robert A. Gibson Robert A. Gibson, Treasurer January 17, 2006 239-332-2692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #