

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90022 024 ****61.25

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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



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

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME WALLACE, BYRON
STREET ADDRESS 1824 SE 10TH ST
CITY- ST- ZIP CAPE CORAL FL 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS HAMISTER, GINA
CITY- ST- ZIP 24212 LAKE RD
BAY VILLAGE OH 44140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS FORD, CAROLYN
CITY- ST- ZIP 5239 TIFFANY COURT
CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS GIBSON, ROBERT
CITY- ST- ZIP ~~2260 FIRST STREET, #200~~
FORT MYERS FL ~~33901~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1721 RED CEDAR DR APT 15
CITY- ST- ZIP 33907

TITLE ☐ Delete
NAME D
STREET ADDRESS KINGSLEY, EDITH
CITY- ST- ZIP 1920 VIRGINIA AVE 601
FORT MYERS FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS WALLACE, KAYE
CITY- ST- ZIP 1824 SE 10TH ST
CAPE CORAL FL 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 21, 2007

Date

239-573-0454

Daytime Phone #