


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90083 005 ****61.25

DOCUMENT # N04000001785 1. Entity Name FRIENDS OF THE NORTH FORT MYERS PUBLIC LIBRARY, INC.					
Principal Place of Business 2001 NORTH TAMiami TRAIL, NE NORTH FT. MYERS, FL 33903			Mailing Address 2001 NORTH TAMiami TRAIL, NE NORTH FT. MYERS, FL 33903		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0859486	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WOODSIDE, MARYELLEN 11919 PRINCE CHARLES CT. CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P ALBRECHT, BONNIE 17867 DRACENA CIRCLE NORTH FT. MYERS, FL 33917	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELONG, MARGE 131 COTILLION LANE NORTH FT. MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITEACRE, E. JEANNETTE 2476 BRIDGE RD. NORTH FT. MYERS, FL 33917	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITACRE, WILLIAM W 2476 BRIDGE RD. NORTH FT. MYERS, FL 33917	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, MARK BOX 6754 FT. MYERS BEACH, FL 33932	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENARD, BEA 3902 SABAL SPRINGS BLVD. NORTH FT. MYERS, FL 33917	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. 3417 Fort Myers, FL 33918	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 3417 Fort Myers, FL 33918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Hemenway 4325 S. Atlantic Circle N. Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>William W. Whitacre</u> William W. Whitacre 3/2/05 239-246-3270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					