


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90066 024 ****61.25

DOCUMENT # N04000001809		
1. Entity Name FRIENDS OF SOUTH BRANCH LIBRARY, INC.		

Principal Place of Business % SOUTH BRANCH LIBRARY 2300 ROY HANNA DRIVE SOUTH ST. PETERSBURG, FL 33712	Mailing Address % SOUTH BRANCH LIBRARY 2300 ROY HANNA DRIVE SOUTH ST. PETERSBURG, FL 33712
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50065477



2. Principal Place of Business <i>same as above</i>	3. Mailing Address <i>same as above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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08112005 Chg-NP CR2E037 (10/03)

4. FEI Number EIN 65-1211412	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TROMBLY, ALEX 6607 23RD ST. S. ST. PETERSBURG, FL 33712

7. Name and Address of New Registered Agent Name <i>Marie Z. Carpenter</i> Street Address (P.O. Box Number is Not Acceptable) <i>C/O South Branch Library</i> <i>2300 Roy Hanna Drive South</i> City <i>St. Petersburg</i> FL Zip Code <i>33712</i>

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 *Marie Z. Carpenter Treasurer* *8/31/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINN, ANN 6289 BAHIA DEL MAR ST. PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roberts, Lionel V., Deacon 2725 66th Terr So. St. Petersburg, FL 33712 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUDLEY, RUTH ANN 4780 BRITTANY DRIVE SOUTH #112 ST. PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Quinn, Ann 6289 Bahia Del Mar St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TROMBLY, ALEX 6607 23RD ST. S. ST. PETERSBURG, FL 33712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Marie Z. Carpenter P.O. Box 12436 St. Petersburg, FL 33733 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REAM, SANDRA 5152-D SALMON DR. S.E. ST. PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Andree J. Shelman 1175 Pinellas Pt Dr. S. St. Petersburg, FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Marie Z. Carpenter* *8/31/2005* *727-864-0225*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #