

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90219 002 \*\*\*\*66.25

60033443



<b>DOCUMENT # N04000001809</b> 1. Entity Name <b>FRIENDS OF SOUTH BRANCH LIBRARY, INC.</b>					
Principal Place of Business <b>% SOUTH BRANCH LIBRARY 2300 ROY HANNA DRIVE SOUTH ST. PETERSBURG, FL 33712</b>			Mailing Address <b>% SOUTH BRANCH LIBRARY 2300 ROY HANNA DRIVE SOUTH ST. PETERSBURG, FL 33712</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1211412</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CARPENTER, MARIE Z C/O SOUTH BRANCH LIBRARY 2300 ROY HANNA DRIVE SOUTH SAINT PETERSBURG, FL 33712</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Marie Z Carpenter</i></u> <b>Marie Carpenter, Treasurer</b> <u>4/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) DATE</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ROBERTS, LIONEL V 2725 66TH TERR SO SAINT PETERSBURG, FL 33712</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Paul Ben Coggins 6909 Dr. Martin Luther King St. S. St. Petersburg, FL 33705</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP QUINN, ANN 6289 BAHIA DEL MAR SAINT PETERSBURG, FL 33715</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President Mary K. Murray 1645 58th Terrace South St. Pete., FL 33712</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T CARPENTER, MARIE Z P.O. BOX 12436 SAINT PETERSBURG, FL 33733</b>	<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	<b>S SHELMAN, ANDREE J 1175 PINELAS PT DR S ST. PETERSBURG, FL 33705</b>	<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			
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 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.					
<b>SIGNATURE: <u>Paul Ben Coggins (PAUL BEN COGGINS)</u></b> <u>4/15/06</u> <b>864-72297</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Handwritten initials*