

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90189 030 ****75.00

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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

40000100



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02232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1211412	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, MARIE Z
C/O SOUTH BRANCH LIBRARY
2300 ROY HANNA DRIVE SOUTH
SAINT PETERSBURG, FL 33712

Marie Z Carpenter

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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 *Marie Z Carpenter*

2/23/07

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 May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE **P**
 NAME **COGGINS, PAUL B**
 STREET ADDRESS **6909 DR. MARTIN LUTHER KING ST #297**
 CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

TITLE **VP**
 NAME **MURRAY, MARY K**
 STREET ADDRESS **1643 58TH TERRACE SOUTH**
 CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

TITLE **T**
 NAME **CARPENTER, MARIE Z**
 STREET ADDRESS **P.O. BOX 12436**
 CITY-ST-ZIP **SAINT PETERSBURG, FL 33733**

TITLE **S**
 NAME **SHELMAN, ANDREE J**
 STREET ADDRESS **1175 PINELAS PT DR S**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33705**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: *Paul B. Coggins* **PAUL B. COGGINS** 2/23/07 360-5388 (727)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #