2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State
05-02-2005 90980 009 ****61.25

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01072005 Chg-NP CR2E037 (10/03)

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1. Entity Name
FRIENDS OF RUPERT J. SMITH LAW LIBRARY OF ST. LUCIE COUNTY, INC.

Principal Place of Business	Mailing Address
102 COURTHOUSE ADDITION 218 S 2ND ST FT PIERCE, FL 34950	102 COURTHOUSE ADDITION 218 S 2ND ST FT PIERCE, FL 34950

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 20-0882903 ☐ 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
WALKER, JAMES T 519 S INDIAN RIVER DR FT PIERCE, FL 34980	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMERSON, KAREN V 3503 FONTANEDA AVE FT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERLOVE, NORA 412 65TH ST N ST PETERSBURG, FL 33710	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Chandler 900 Virginia Avenue Ft. Pierce, Florida 34982	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, MICHAEL R P.O. BOX 1927 OKEECHOBEE, FL 34973	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James Walker 519 S. Indian River Drive Ft. Pierce, Florida 34980	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRELL, WILLIAM C 524 THAMES BLUFF RIDGE FT PIERCE, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUNGINGER, GEAN CARY JR P.O. BOX 161 FT PIERCE, FL 34950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAXTON, NORMAN L JR 606 BOSTON AVE FT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Karen Emerson, Secretary/Director 4/26/05 460-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #