

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90010 009 \*\*\*\*61.25

**DOCUMENT # N04000002271**

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



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

Mailing Address  
**102 COURTHOUSE ADDITION  
218 S 2ND ST  
FT PIERCE, FL 34950**

**60014668**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102006

Chg-NP

CR2E037 (11/05)

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

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, 2006**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **EMERSON, KAREN V**  
CITY-ST-ZIP **3503 FONTANEDA AVE  
FT PIERCE, FL 34950**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHANDLER, JOHN**  
CITY-ST-ZIP **900 VIRGINIA AVENUE  
FORT PIERCE, FL 34982**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **WALKER, JAMES**  
CITY-ST-ZIP **519 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34980**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **HARRELL, WILLIAM C**  
CITY-ST-ZIP **524 THAMES BLUFF RIDGE  
FT PIERCE, FL 34982**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PAXTON, NORMAN L JR**  
CITY-ST-ZIP **606 BOSTON AVE  
FT PIERCE, FL 34950**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME **DS**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **DV**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **DP**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **DV**  
STREET ADDRESS **CARLA DUDECK**  
CITY-ST-ZIP **1000 Ibis Ave  
Fort Pierce FL 34982**

TITLE ☐ Change ☐ Addition  
NAME **DT**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Norman L Payton Jr*

**Norman L Payton Jr 2/10/06 772-465-5795**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #