


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

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	



03012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0882903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WALKER, JAMES T
519 S INDIAN RIVER DR
FT PIERCE, FL 34980**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) 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**

U000000656322
03/14/07-80021-015 61.25

10. OFFICERS AND DIRECTORS

TITLE D/S	NAME EMERSON, KAREN V
STREET ADDRESS 3503 FONTANEDA AVE	CITY-ST-ZIP FT PIERCE, FL 34950
TITLE D/V	NAME CHANDLER, JOHN
STREET ADDRESS 900 VIRGINIA AVENUE	CITY-ST-ZIP FORT PIERCE, FL 34982
TITLE D/P	NAME WALKER, JAMES
STREET ADDRESS 519 S. INDIAN RIVER DRIVE	CITY-ST-ZIP FORT PIERCE, FL 34980
TITLE DV	NAME DUDECK, CARLA
STREET ADDRESS 1000 IBIS AVE	CITY-ST-ZIP FT PIERCE, FL 34982
TITLE DT	NAME PAXTON, NORMAN L JR
STREET ADDRESS 606 BOSTON AVE	CITY-ST-ZIP FT PIERCE, FL 34950
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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IN THIS SPACE**

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 Paxton Jr** **3/1/07** **772-465-5785**