


**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90013 012 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N11995</b>					
1. Entity Name <b>SOCIETY FOR THE ADVANCEMENT OF POYNTER LIBRARY, INC.</b>					
Principal Place of Business <b>% SARA WALLACE 140 SEVENTH AVENUE, SOUTH ST PETERSBURG, FL 33701</b>			Mailing Address <b>% SARA WALLACE 140 SEVENTH AVENUE, SOUTH ST PETERSBURG, FL 33701</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>NOT APPLICABLE</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WALLACE, SARA C/O POYNTER LIBRARY 140 SEVENTH AVENUE, SOUTH ST PETERSBURG, FL 33701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<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	T JACOBS, MARCIE 1038 39TH AVE, N. ST. PETERSBURG, FL 33703		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAPPAN, MARGARET 830 AMELIA COURT, NE. ST PETERSBURG, FL 33702		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POYNTER, SALLY 1801 KARLETON PLACE S ST. PETERSBURG, FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, BETTY JEAN 234 ESTADO WAY NE SAINT PETERSBURG, FL 33704		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHTWATERS, MARION 1255 BRIGHTWATERS BLVD NE ST. PETERSBURG, FL 33704		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOCK, MARLENE 123 ALORA ST NE SAINT PETERSBURG, FL 33704		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			VP Kristina K. Thyrrer 1712 Tanglewood Dr. NE St. Petersburg, FL 33702		
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: <u>Betty Jean Miller</u> 1/22/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					