


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90010 039 ****61.25

DOCUMENT # N11995 1. Entity Name SOCIETY FOR THE ADVANCEMENT OF POYNTER LIBRARY, INC.					
Principal Place of Business % SARA WALLACE 140 SEVENTH AVENUE, SOUTH ST PETERSBURG, FL 33701			Mailing Address % SARA WALLACE 140 SEVENTH AVENUE, SOUTH ST PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLACE, SARA C/O POYNTER LIBRARY 140 SEVENTH AVENUE, SOUTH ST PETERSBURG, FL 33701			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLARD, MARION		NAME		
STREET ADDRESS	1255 BRIGHTWATERS BLVD., NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUBBELL, DAVID DR		NAME		
STREET ADDRESS	100 BEACH DRIVE NE, APT 802		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALDWELL, ROBIN		NAME		
STREET ADDRESS	3606 S. WAVERLY PL		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, BETTY JEAN		NAME		
STREET ADDRESS	234 ESTADO WAY NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THYRRE, KRISTINA K		NAME		
STREET ADDRESS	1712 TANGLEWOOD DR. NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOCK, MARLENE		NAME		
STREET ADDRESS	123 ALORA ST NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		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: <i>David S. Hubbard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Feb 15, 2007</i> <small>Date Daytime Phone #</small>		