

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90379 028 ****61.25

DOCUMENT # N17408

1. Entity Name
**FRIENDS OF THE ST. THOMAS UNIVERSITY LIBRARY
INC.**



Principal Place of Business
**16401 N.W. 37TH AVE
MIAMI GARDENS, FL 33054**

Mailing Address
**16401 N.W. 37TH AVE
MIAMI GARDENS, FL 33054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0007697

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

**ELLISTON, MARGARET
16401 N.W. 37TH AVE
MIAMI GARDENS, FL 33054**

Name **BRYAN COOPER**

Street Address (P.O. Box Number is Not Acceptable)

16401 N.W. 37 AVE.

City

MIAMI GARDENS FL

Zip Code

33054

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]

L. Bryan Cooper, Director 4-18-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee \$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 **PD** ☐ Delete
NAME **TABOR, SARAH**
STREET ADDRESS **8633 BRIDLE PATH CT.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33328**

TITLE **TD** ☒ Delete
NAME **ELLISTON, MARGARET**
STREET ADDRESS **16401 N.W. 37TH AVE**
CITY-ST-ZIP **MIAMI GARDENS, FL 33054**

TITLE **STD** ☐ Delete
NAME **ELLISTON, MARGARET**
STREET ADDRESS **16401 N.W. 37TH AVE**
CITY-ST-ZIP **MIAMI GARDENS, FL 33054**

TITLE **DU** ☐ Delete
NAME **COOPER, BRYAN**
STREET ADDRESS **16401 N.W. 37TH AVE**
CITY-ST-ZIP **MIAMI GARDENS, FL 33054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **TO MARTA GUTIERREZ**
STREET ADDRESS **16401 N.W. 37 AVE.**
CITY-ST-ZIP **MIAMI GARDENS, FL 33054**

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

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

TITLE ☐ Change ☒ Addition
NAME **D THOMAS RYAN**
STREET ADDRESS **16401 N.W. 37 AVE**
CITY-ST-ZIP **MIAMI GARDENS, FL 33054**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06
Date

(305) 628-6667
Daytime Phone #

MARGARET ELLISTON

6667