


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # N17408</b> 1. Entity Name FRIENDS OF THE ST. THOMAS UNIVERSITY LIBRARY INC.	
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Principal Place of Business 16401 N.W. 37TH AVE MIAMI GARDENS, FL 33054	Mailing Address 16401 N.W. 37TH AVE MIAMI GARDENS, FL 33054
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**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0007697	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**

COOPER, BRYAN  
16401 NW 37 AVE  
MIAMI GARDENS, FL 33054

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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 \_\_\_\_\_  
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, 2007**

9. Election Campaign Financing - ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

000000656253  
03/14/07-80017-024 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABOR, SARAH 8633 BRIDLE PATH CT. FORT LAUDERDALE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUTIERREZ, MARTA 16401 NW 37 AVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELLISTON, MARGARET 16401 N.W. 37TH AVE MIAMI GARDENS, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DU COOPER, BRYAN 16401 N.W. 37TH AVE MIAMI GARDENS, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, THOMAS 16401 NW 37 AVE OPA LOCKA, FL 33054
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:** \_\_\_\_\_ *March 1, 2007*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #