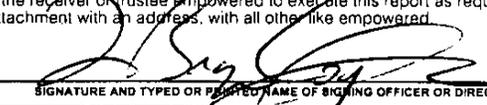


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90113 012 ****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 - No P.O. Box #		3. Mailing Address		40001103	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0007697	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COOPER, BRYAN 16401 NW 37 AVE MIAMI GARDENS, FL 33054				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TABOR, SARAH		NAME		
STREET ADDRESS	8633 BRIDLE PATH CT.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTIERREZ, MARTA		NAME		
STREET ADDRESS	16401 NW 37 AVE		STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLISTON, MARGARET		NAME		
STREET ADDRESS	16401 N.W. 37TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI GARDENS, FL 33054		CITY-ST-ZIP		
TITLE	DU	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, BRYAN		NAME		
STREET ADDRESS	16401 N.W. 37TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI GARDENS, FL 33054		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYAN, THOMAS		NAME	D RYAN THOMAS	
STREET ADDRESS	16401 NW 37 AVE		STREET ADDRESS	435 AUDUBON BLVD.	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	NEW ORLEANS	
TITLE		<input type="checkbox"/> Delete	TITLE	LA 70125	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			L. BRYAN COOPER 4-9-08 (305) 414-1814		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		