

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90126 021 \*\*\*\*61.25

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # N27609</b><br>1. Entity Name<br><b>FRIENDS OF THE LIBRARY OF THE CITY OF LAKE WORTH, FLORIDA, INC.</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>15 NORTH M STREET<br/>LAKE WORTH, FL 33460</b>   |   |  | Mailing Address<br><b>15 NORTH M STREET<br/>LAKE WORTH, FL 33460</b> |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |  |  |
| City & State   |   | City & State   |  | 4. FEI Number<br><b>65-0042661</b>   |  |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                          |  |
| 6. Name and Address of Current Registered Agent  |   |  |  | 7. Name and Address of New Registered Agent  |  |
| <b>SHINER, ADELA M<br/>500 FIRST AVENUE SOUTH<br/>SUITE 101<br/>LAKE WORTH, FL 33460</b>   |   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>MORAN, TIM<br/>2523 LAKEWORTH ROAD #4<br/>LAKE WORTH, FL 33461</b>        | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>P/D<br/>FRANCY, CLAIRE<br/>1409 Lake Ave. #8<br/>Lake Worth, FL 33460</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD<br/>FRANCY, CLAIRE<br/>110 NORTH LAKESIDE #5<br/>LAKE WORTH, FL 33460</b>     | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>VD<br/>DREW MARTIN<br/>500 Lake Ave. #102<br/>Lake Worth, FL 33460</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>SHINER, ADELA<br/>500 FIRST AVENUE SOUTH #101<br/>LAKE WORTH, FL 33460</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <b>T/D<br/>Shiner, Adela<br/>500 1st Ave. So. #101<br/>Lake Worth, FL 33460</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>EVANS, JUNE<br/>208 SOUTH LAKESIDE DRIVE #201<br/>LAKE WORTH, FL 33460</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 another like empowered. |   |  |  |  |  |
| <b>SIGNATURE:</b> <i>Adela M. Shiner</i> <b>Adela M. Shiner</b>  |   |  | <b>4-11-06 561-585-7781</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | <small>Date Daytime Phone #</small>                                  |  |  |