

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90032 003 ****61.25

DOCUMENT # N27609	
1. Entity Name FRIENDS OF THE LIBRARY OF THE CITY OF LAKE WORTH, FLORIDA, INC.	
Principal Place of Business 15 NORTH M STREET LAKE WORTH, FL 33460	Mailing Address 15 NORTH M STREET LAKE WORTH, FL 33460



03032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0042661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOCTOR, ANNE 15 NORTH M STREET LAKE WORTH, FL 33460 <i>CHARLOTTE KESHIAN</i> <i>232 WELLESLEY DR.</i> <i>LAKE WORTH, FL</i> <i>33460-6221</i>	DO NOT WRITE 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: *Charlotte Keshian* DATE: *April 28, 2008*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCY, CLAIRE 1409 LK AVE, # 8 LAKE WORTH, FL 33460 <i>DREW, MARTIN</i> <i>500 LAKE AV., #102</i> <i>LAKE WORTH, FL</i> <i>33460</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, DREW 500 LK AVE, # 102 LAKE WORTH, FL 33460 <i>EVANS, JUNE</i> <i>208 S. LAKESIDE DR. #201</i> <i>LAKE WORTH, FL 33460</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KESHIAN, CHARLOTTE 232 WELLESLEY DR LAKE WORTH, FL 33460 <i>- 6221</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, JUNE 208 SOUTH LAKESIDE DRIVE #201 LAKE WORTH, FL 33460 <i>SKIPP, MARY</i> <i>314 S. "L" ST.</i> <i>LAKE WORTH, FL</i> <i>33460</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: *Charlotte Keshian* DATE: *April 28, 2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 586-6975