2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29845

FILED Apr 02, 2004 Secretary of State

Entity Name: FRIENDS OF THE LIBRARY OF INDIANTOWN, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 15200 SW ADAMS AVE PO BOX 244 INDIANTOWN, FL 34956 **New Mailing Address: Current Mailing Address:** PO BOX 244 INDIANTOWN, FL 34956 FEI Number: 65-0089459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAYLOR, BARBARA JEAN 14621 SW DIVOT DRIVE INDIANTOWN, FL 34956 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ADAMI, DOROTHY PARENTEAU, ALISHIA Name: Name: Address: 16233 SW INDIANWOOD CIRCLE Address: 15802 MORGAN STREET City-St-Zip: INIDANTOWN, FL 34956 City-St-Zip: INIDANTOWN, FL 34956 Title: () Delete Title: (X) Change () Addition Name: SUMMERS, DOEDY Name: FOSTER, EDDIE Address: 3748 WOODBRIAR LN. Address: 1342 SW GAHAF AVE City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PORT ST. LUCIE, FL 34953 Title: () Delete Title: () Change () Addition TAYLOR, BARBARA JEAN Name: Name: 14621 SW DIVOT DRIVE Address: Address: City-St-Zip: INDIANTOWN, FL 34956 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: WEEKMAN, RITA Name: FOSTER, JESSICA 16389 SW INDIANWOOD CIRCLE 1342 SW GAHAF AVE Address: Address: City-St-Zip: INDIANTOWN, FL 34956 City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA JEAN TAYLOR TD 04/02/2004