


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90059 019 ****61.25

DOCUMENT # N29845 1. Entity Name FRIENDS OF THE LIBRARY OF INDIANTOWN, FLORIDA, INC.					
Principal Place of Business 15200 SW ADAMS AVE PO BOX 244 INDIANTOWN, FL 34956 US			Mailing Address PO BOX 244 INDIANTOWN, FL 34956		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01252006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0089459				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RABENER, DEBORAH J 15380 SW PALM DRIVE INDIANTOWN, FL 34956			7. Name and Address of New Registered Agent Name Gail Magowan Street Address (P.O. Box Number is Not Acceptable) 14663 S.W. Rake DR City Indiantown FL Zip Code 34956		
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 <u><i>Gail Magowan</i></u> 2/1/06 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD PARENTEAU, ALISHIA 15802 MORGAN STREET INDIANTOWN, FL 34956	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGOWAN, GAIL 14663 SW RAKE DRIVE INDIANTOWN, FL 34956	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RABENER, DEBORAH J 15380 SW PALM DRIVE INDIANTOWN, FL 34956	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMI, DOROTHY 16233 SW INDIANWOOD CIRCLE INDIANTOWN, FL 34956	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 all other like empowered.					
SIGNATURE: <u><i>Gail Magowan</i></u> 2/1/06 772-597-0933 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60011700



ATTACHMENT
60011760
Division of Corporations

Annual Report

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Document Number	N29845
Business Entity Name	FRIENDS OF THE LIBRARY OF INDIANTOWN, FLORIDA, INC.
FEI Number	650089459
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	15200 SW ADAMS AVE
Suite, Apt. #, etc.	PO BOX 244
City, State	INDIANTOWN, FL
Zip Code & Country	34956 US

Mailing Address

Address	PO BOX 244
Suite, Apt. #, etc.	
City, State	INDIANTOWN, FL
Zip Code & Country	34956

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	MAGOWAN, GAIL
Address	14663 S.W. RAKE DR.
Suite, Apt. #, etc.	
City, State	INDIANTOWN, FL
Zip Code & Country	34956 US
Registered Agent Signature	GAIL MAGOWAN

Officer/Director Name and Address

Title	PD
Name (Last, First, Middle, Title)	MAGOWAN, GAIL
Street Address	14663 S.W. RAKE DR.
City, State	INDIANTOWN, FL

ATTACHMENT

60011760
#N29845

Zip Code & Country 34956

Title VP

Name (Last, First, Middle, Title) GARDNER, DWANNA

Street Address 16209 INDIANWOOD CIRCLE

City, State INDIANTOWN, FL

Zip Code & Country 34956

Title TD

Name (Last, First, Middle, Title) GILLESPIE, MARYANN

Street Address 16266 S.W. INDIANWOOD CIRCLE

City, State INDIANTOWN, FL

Zip Code & Country 34956

Title SD

Name (Last, First, Middle, Title) LESLIE, NANCY

Street Address 16448 TWO WOOD WAY

City, State INDIANTOWN, FL

Zip Code & Country 34956

Title PD

Officer/Director Signature GAIL MAGOWAN

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