

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29845

FILED  
Apr 26, 2007  
Secretary of State

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

**Current Principal Place of Business:**

15200 SW ADAMS AVE  
PO BOX 244  
INDIANTOWN, FL 34956 US

**New Principal Place of Business:**

15200 SW ADAMS AVE  
INDIANTOWN, FL 34956 US

**Current Mailing Address:**

PO BOX 244  
INDIANTOWN, FL 34956

**New Mailing Address:**

**FEI Number:** 65-0089459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAGOWAN, GAIL  
14663 SW RAKE DR  
INDIANTOWN, FL 34956 US

**Name and Address of New Registered Agent:**

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:**

Title: VP ( ) Delete  
Name: GARDNER, DWANNA  
Address: 16209 INDIANWOOD CIR  
City-St-Zip: INDIANTOWN, FL 34956

Title: TD ( ) Delete  
Name: GILLESPIE, MARYANN  
Address: 16266 SW INDIANWOOD CIR  
City-St-Zip: INDIANTOWN, FL 34956

Title: SD ( ) Delete  
Name: LESLIE, NANCY  
Address: 16448 TWO WOOD WY  
City-St-Zip: INDIANTOWN, FL 34956

Title: PD ( ) Delete  
Name: MAGOWAN, GAIL  
Address: 14663 SW RAKE DR  
City-St-Zip: INDIANTOWN, FL 34956

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GAIL MAGOWAN

PRES

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date