

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31721

FILED
Apr 26, 2006
Secretary of State

Entity Name: THE FRIENDS OF THE PORT ST. JOHN LIBRARY, INC.

Current Principal Place of Business:

6500 CAROLE AVE
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

6500 CAROLE AVE
COCOA, FL 32927

New Mailing Address:

FEI Number: 59-2953996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEZENDORE, HELEN
6383 FAIRCHILD AVE
COCOA, FL 32927 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: SD (X) Delete
Name: CLARKE, PATRICIA
Address: 6355 BLOXANT AVE
City-St-Zip: COCOA, FL 32927

Title: PD () Delete
Name: DEZENDORF, HELEN
Address: 6383 FAIRCHILD AVE
City-St-Zip: COCOA, FL 32927

Title: TD () Delete
Name: OLSON, DORIS JEAN
Address: 6000 EAGLE WALK AVE.
City-St-Zip: PORT ST JOHN, FL 32927

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HELEN DEZENDORF

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date