2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90053 028 ****61.25

DOCUMENT # N36723

1. Entity Name
THE FRIENDS OF THE PINE ISLAND LIBRARY, INC.

Principal Place of Business	Mailing Address
BOX 290 ST. JAMES CITY, FL 33956	BOX 290 ST. JAMES CITY, FL 33956

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DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP . CR2E037 (4/06)

4. FEI Number
59-2156500

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIBBEY, ALICE F
4411 CEDOR ST
ST. JAMES CITY, FL 33956

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	~~SHANKS, BOBBI~~ Dianne Higgins
STREET ADDRESS	~~5970 TAHITI DR~~ 7997 Judge Bean Rd
CITY ST ZIP	BOKEELIA, FL 33922
TITLE	TD
NAME	TRIBBEY, ALICE F
STREET ADDRESS	4411 CEDAR ST
CITY ST ZIP	ST.JAMES CITY, FL 33956
TITLE	VPD
NAME	~~THOMAS, ERAN~~ Linda Jacobs
STREET ADDRESS	~~7284 DRUM DR~~ 5424 Serenity Cove
CITY ST ZIP	~~SAINT JAMES CITY, FL 33956~~ Bokeelia FL 33922
TITLE	SD
NAME	~~HOLMES, IRENE~~ Jeanne Adams
STREET ADDRESS	~~2490 SYCAMORE ST NW~~ 7989 Judge Bean Rd
CITY ST ZIP	~~SAINT JAMES CITY, FL 33956~~ Bokeelia FL 33922
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Alice F. Tribbey Alice F. Tribbey 1-26-07 239-283-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #