


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90005 022 ****61.25

DOCUMENT # N36856 1. Entity Name FRIENDS OF THE BOCA RATON PUBLIC LIBRARY, INC.					
Principal Place of Business 200 NW BOCA RATON BLVD BOCA RATON, FL 33432 US			Mailing Address 200 NW BOCA RATON BLVD BOCA RATON, FL 33432 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2004980	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'CONNELL, CATHERINE A 200 NW BOCA RATON BLVD C/O BOCA RATON PUBLIC LIBRARY BOCA RATON, FL 33432				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (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. <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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ILER, JOAN		NAME	See attached	
STREET ADDRESS	1010 NW 15TH ST		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASH, BETTY		NAME		
STREET ADDRESS	606 CANISTEL LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AN, AMY		NAME		
STREET ADDRESS	491 NE 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Betty Cash</u> <u>Betty Cash</u> <u>2/25/2007</u> <u>561-393-7852</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40025605



01182007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE P ILER, JOAN ☒ Delete
STREET ADDRESS 1010 NW 15TH ST
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE T CASH, BETTY ☒ Delete
STREET ADDRESS 606 CANISTEL LANE
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE D AN, AMY ☐ Delete
STREET ADDRESS 491 NE 24TH STREET
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
☐ Change ☐ 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.

ATTACHMENT

40025605
~~#N 36856~~

FRIENDS OF THE BOCA RATON PUBLIC LIBRARY

FEI # 59-2004980

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: Choron, Maria
STREET ADDRESS: 1514 SW 6th Terr
CITY-ST-ZIP: Boca Raton, FL 33486

TITLE: D
NAME: Scholnik, Barry
STREET ADDRESS: 3372 NW 23rd Ct
CITY-ST-ZIP: Boca Raton, FL 33431

TITLE: V
NAME: Litvak, Marilyn
STREET ADDRESS: 2896 Banyan Blvd. Circle, NW
CITY-ST-ZIP: Boca Raton, FL 33431

TITLE: T
NAME: Maki, Krista
STREET ADDRESS: 731 NW 7th Drive
CITY-ST-ZIP: Boca Raton, FL 33486

TITLE: D
NAME: Johnson, Janet
STREET ADDRESS: 250 E Mizner Blvd
CITY-ST-ZIP: Boca Raton, FL 33432

TITLE: D
NAME: Berman, Maxine
STREET ADDRESS: 6503 N. Military Trail, Apt 4105
CITY-ST-ZIP: Boca Raton, FL 33496

TITLE: P
NAME: Cash, Betty
STREET ADDRESS: 606 Canistel Lane
CITY-ST-ZIP: Boca Raton, FL 33486

TITLE: D
NAME: Flanigan, Jean
STREET ADDRESS: 1500 SW 6th Court
CITY-ST-ZIP: Boca Raton, FL 33486

TITLE: D
NAME: Guinn, Dorothy
STREET ADDRESS: 942 Walnut Terrace
CITY-ST-ZIP: Boca Raton, FL 33486

TITLE: D
NAME: Qucik, Nancy
STREET ADDRESS: 3200 NW 28 Way
CITY-ST-ZIP: Boca Raton, FL 33434

TITLE: D
NAME: Iler, Joan
STREET ADDRESS: 1010 NW 5th Street
CITY-ST-ZIP: Boca Raton, FL 33432