
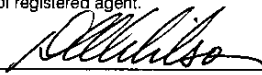
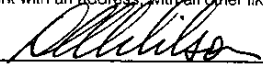


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90023 018 ****70.00

DOCUMENT # N37306 1. Entity Name FRIENDS OF THE LIBRARY-PONTE VEDRA BEACH, INC.					
Principal Place of Business 101 LIBRARY BLVD PONTE VEDRA BEACH, FL 32082 US			Mailing Address P.O. BOX 744 PONTE VEDRA BEACH, FL 32004 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, DONALD B 128 LAKE JULIA DR. N PONTE VEDRA BEACH, FL 32082				Name Wilson, Douglas A Street Address (P.O. Box Number is Not Acceptable) 5140 Bridlewood Ct. City Ponte Vedra Beach FL Zip Code 32082	
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  DATE 13 JUL 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 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	PSD YOST, PAT 9 PLAYERS VILLAS PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, DONALD B P.O. BOX 744 PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wilson, Douglas A 5140 Bridlewood Ct. PO Box 744 Ponte Vedra Beach, FL 32082 32004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, MARY B P.O. BOX 744 PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORRIS, KITTY P.O. BOX 744 PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		Second Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jan Bialka P.O. Box 744 Ponte Vedra Beach, FL 32004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GALLOWAY, WAYNE 548 GRANADA DRIVE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		First Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Liz McAlhany P.O. Box 744 Ponte Vedra Beach, FL 32004	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<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: 				13 JUL 06 904.285-1248 <small>Date Daytime Phone #</small>	