

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N40185

1. Entity Name
FRIENDS OF JOHNSON BRANCH LIBRARY, INC.



Principal Place of Business
**1059 18 AVE SOUTH
SAINT PETERSBURG, FL 33701**

Mailing Address
**PO BOX 1061
ST. PETERSBURG, FL 33731-9998**



04272006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3035195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONEY, ERNIE
2526 67TH AVE SOUTH
SAINT PETERSBURG, FL 33712**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WYNN, SAM
STREET ADDRESS	2396 LYNN LAKE PLACE, SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33712
TITLE	TD
NAME	HAYWARD, BETTY
STREET ADDRESS	5234 9TH STREET, SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	PD
NAME	JOHNSON, KEVIN W
STREET ADDRESS	2861 4TH AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33712
TITLE	P
NAME	CONEY, ERNIE
STREET ADDRESS	2526 67TH AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	VP
NAME	CEASER, EUGENIA T.
STREET ADDRESS	PO BOX 3841
CITY-ST-ZIP	SAINT PETERSBURG, FL 33731
TITLE	T
NAME	SMITH, JANIS
STREET ADDRESS	2159 DESOTO WAY SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712

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05/17/06-80070-015 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-30-06 727459-9506