

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 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**



03082007 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 <input type="checkbox"/>	\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, SAM 2396 LYNN LAKE PLACE, SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYWARD, BETTY 5234 9TH STREET, SOUTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, KEVIN W 2881 4TH AVENUE ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONEY, ERNIE 2526 67TH AVE SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CEASER, EUGENIA T. PO BOX 3841 SAINT PETERSBURG, FL 33731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, JANIS 2159 DESOTO WAY SOUTH SAINT PETERSBURG, FL 33712

**DO NOT WRITE
IN THIS SPACE**

U000000747981
05/17/07-80049-002 70.00

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 #

Ernie Coney
4-27-07 227-459-9500