

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N42036**

1. Entity Name  
"FRIENDS" OF THE NORTH PALM BEACH LIBRARY, INC.



Principal Place of Business  
303 ANCHORAGE DR  
N PALM BCH, FL 33408

Mailing Address  
303 ANCHORAGE DR  
N PALM BCH, FL 33408



**DO NOT WRITE IN THIS SPACE**

07062005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0247061

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BARUCH, CAROLYN  
525 KINGFISH RD.  
NORTH PALM BEACH, FL 33408

**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 re-instating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BARUCH, CAROLYN  
STREET ADDRESS 525 KINGFISH RD.  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE S  
NAME SIDEL, BERNICE  
STREET ADDRESS 356 GOLF VIEW RD  
CITY-ST-ZIP N PALM BCH, FL

TITLE TD  
NAME SULLIVAN, PATTY  
STREET ADDRESS 1030 US HWY 1 #102  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VD  
NAME ZALG, GRETCHEN  
STREET ADDRESS 2241 MONET RD  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000371696  
07/11/05-80001-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05 561  
626 8897  
Date Daytime Phone #

PATTY SULLIVAN