

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 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



01102008 No Chg-NP CR2E037 (4/06)

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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

SULLIVAN, PATTY
520 FAIRWIND DR
NORTH PALM BEACH, FL 33408

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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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GREENER, JOANN
STREET ADDRESS 136 LAKESHORE DR #510
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

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

TITLE TD
NAME SULLIVAN, PATTY
STREET ADDRESS 520 FAIRWIND DR.
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE VD
NAME ZALE, 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

U000000868903
04/09/08-80027-015 61.25

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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:

Patricia Sullivan

3/22/08 561 676 8897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #