


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90157 019 ****61.25

DOCUMENT # N50098 1. Entity Name PARKLAND FRIENDS OF THE LIBRARY, INC.					
Principal Place of Business 6600 UNIVERSITY DRIVE PARKLAND, FL 33067				Mailing Address 6600 UNIVERSITY DRIVE PARKLAND, FL 33067	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0354700	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYES, L. SUSAN 6600 UNIVERSITY DRIVE PARKLAND, FL 33067				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P CUTLER, KENNETH 6600 UNIVERSITY DRIVE PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOLDMAN, IRA 6600 UNIVERSITY DRIVE PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WINSHIP, ELSIE 6600 UNIVERSITY DRIVE PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSIGEN, CHARLETT 6600 UNIVERSITY DRIVE PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HILL, LYNNE 6600 UNIVERSITY DRIVE PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LANZILLA, JOYCE 6600 UNIVERSITY DRIVE PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR BETTY BADER 6600 UNIVERSITY DRIVE PARKLAND, FL 33067				
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Co-SECRETARY NATALIE BIGLIO 6600 UNIVERSITY DRIVE PARKLAND, FL 33067			
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Co-SECRETARY JANE LYNN HAYES 6600 UNIVERSITY DRIVE PARKLAND, FL 33067			
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: <u>Elsie Winship, Treasurer</u> 4/10/2007 954-757-4200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					