


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90029 035 \*\*\*\*61.25

<b>DOCUMENT # N50098</b> 1. Entity Name <b>PARKLAND FRIENDS OF THE LIBRARY, INC.</b>					
Principal Place of Business <del>XXXXXX UNIVERSITY DRIVE</del> <b>PARKLAND, FL 33067</b>			Mailing Address <del>XXXXXX UNIVERSITY DRIVE</del> <b>PARKLAND, FL 33067</b>		
2. Principal Place of Business - No P.O. Box # <b>6620 UNIVERSITY DRIVE</b>		3. Mailing Address <b>6620 UNIVERSITY DRIVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03102008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>65-0354700</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAYES, L. SUSAN <del>XXXXXX UNIVERSITY DRIVE</del> <b>6620 UNIVERSITY DRIVE</b> <b>PARKLAND, FL 33067</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CUTLER, KENNETH <del>XXXXXX UNIVERSITY DRIVE</del> <b>PARKLAND, FL 33067</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	NOTE: Change all addresses to <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6620 UNIVERSITY DRIVE</b> <b>PARKLAND, FL 33067</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOLDMAN, IRA <del>XXXXXX UNIVERSITY DRIVE</del> <b>PARKLAND, FL 33067</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WINSHIP, ELSIE <del>XXXXXX UNIVERSITY DRIVE</del> <b>PARKLAND, FL 33067</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BADER, BETTY <del>XXXXXX UNIVERSITY DRIVE</del> <b>PARKLAND, FL 33067</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CSX SECRETARY BIGLO, NATALIE <del>XXXXXX UNIVERSITY DRIVE</del> <b>PARKLAND, FL 33067</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS HAYE, JENELYN <del>XXXXXX UNIVERSITY DRIVE</del> <b>PARKLAND, FL 33067</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Elsie A. Winship, Elsie A. Winship, Treas 03/31/2008 954-755-1287</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					