


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90194 017 \*\*\*\*61.25

**DOCUMENT # N50115**

1. Entity Name  
**THE FRIENDS OF THE JACARANDA PUBLIC LIBRARY, INC.**



Principal Place of Business  
**4143 WOODMERE PARK BLVD.  
VENICE, FL 34293 US**


Mailing Address  
**4143 WOODMERE PARK BLVD.  
VENICE, FL 34293 US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



0112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0350944**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CARSON, DALE**  
**564 CATALINA ISLES CIR**  
**VENICE, FL 34292**

7. Name and Address of New Registered Agent

Name **CARLSON, ELAINE**

Street Address (P.O. Box Number is Not Acceptable)  
**1801 KILLDEER COURT**

City **VENICE** FL Zip Code **34293**

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 **ELAINE D. CARLSON** *Elaine D. Carlson* DATE **4-26-05**

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, 2005

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PD SEAMON, SHIRLEY 521 GOVENORS GREEN DRIVE VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, M, CAROL 1009 TAM 'O SHANTER VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLSON, ELAINE 1801 KILLDEER CT VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARLSON, ELAINE 1801 KILLDEER COURT VENICE, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORBUSH, JANE 1104 SKLAR DRIVE EAST VENICE, FL 34293 <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	TD MCCREARY, MARY H 3263 MEADOW RUN DR VENICE, FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCREARY, MARY H. 5000 ASTON GARDENS DR. - #211 VENICE, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEGEL, WILLIAM 553 FAUBROOK DR VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEGEL, WILLIAM 553 FALLBROOK ROAD VENICE, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARSON, DALE 564 CATALINA ISLES CIR VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, DALE 564 CATALINA ISLES CIRCLE VENICE, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **ELAINE D. CARLSON** *Elaine D. Carlson* DATE **4-26-05** DAYTIME PHONE # **941-497-4596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #