



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90096 045 ****61.25

DOCUMENT # N50115							
1. Entity Name THE FRIENDS OF THE JACARANDA PUBLIC LIBRARY, INC.							
Principal Place of Business 4143 WOODVERE PARK BLVD VENICE, FL 34293 US		Mailing Address 4143 WOODVERE PARK BLVD VENICE, FL 34293 US		40100980 			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		02052007 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 65-0350944			
				Applied For 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				
CARLSON, ELAINE 1801 KILLDEER COURT VENICE, FL 34293			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 _____ DATE _____ <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	VP	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROBINSON, CAROLYN M		NAME	RICHARD SHANNON			
STREET ADDRESS	1009 TAM O SHANTER		STREET ADDRESS	310 MISSION TRAIL N			
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34285			
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARLSON, ELAINE		NAME				
STREET ADDRESS	1801 KILLDEER CT		STREET ADDRESS				
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FORBUSH, JANE		NAME	SUSAN MACKENZIE			
STREET ADDRESS	1104 SKLAR DRIVE EAST		STREET ADDRESS	1730 SAN SILVESTRO			
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34285			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURNETT, LAVON		NAME				
STREET ADDRESS	1712 SANDY CT		STREET ADDRESS				
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEGEL, WILLIAM		NAME				
STREET ADDRESS	553 FALLBROOK ROAD		STREET ADDRESS				
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCCARTHY, ANN		NAME	JINNY GROSTEAN			
STREET ADDRESS	454 LONGWOOD DR		STREET ADDRESS	251 VISTA DEL LAGO			
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP	VENICE, FL 34292			
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: _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							