

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000001969

1. Entity Name

THE FRIENDS OF THE BIG PINE KEY LIBRARY, INC.



06 NOV 27 2006

Principal Place of Business

BIG PINE KEY LIBRARY
213 KEY DEER BLVD
BIG PINE KEY FL 33043
US

Mailing Address

P O BOX 1811
213 KEY DEER BLVD
BIG PINE KEY FL 33043-4742
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 65-0480681
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUVILLE, LINDA
32340 CAT LANE
NO NAME KEY FL 33043

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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

TITLE P
NAME DOUVILLE, LINDA
STREET ADDRESS 32340 CAT LANE
CITY- ST- ZIP NO NAME KEY FL 33043 ☐ Delete

TITLE DS
NAME SNEDEKER, SHIRLEY
STREET ADDRESS 29678 CONSTITUTION AVE
CITY- ST- ZIP BIG PINE KEY FL 33043 ☐ Delete

TITLE DT
NAME CLOSE, RALPH
STREET ADDRESS 151 W. INDIES DR
CITY- ST- ZIP RAMROD KEY FL 33042 ☐ Delete

TITLE D
NAME ELDER, JOSEPHINE
STREET ADDRESS 29059 MAGNOLIA DR.
CITY- ST- ZIP BIG PINE KEY FL 33043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
100081083091
10/20/06--01065--001 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
100081083091
11/27/06--01045--020 **\$175.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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 to this address with all other filing information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA S. DOUVILLE 11/19/06 305-872-2055
Ralph L. Close 10/12/06 (305) 872-7454