


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90007 023 \*\*\*\*61.25

<b>DOCUMENT # N94000001969</b> 1. Entity Name <b>THE FRIENDS OF THE BIG PINE KEY LIBRARY, INC.</b>					
Principal Place of Business <b>BIG PINE KEY LIBRARY</b> <b>213 KEY DEER BLVD</b> <b>BIG PINE KEY, FL 33043 US</b>			Mailing Address <b>P O BOX 1811</b> <b>213 KEY DEER BLVD</b> <b>BIG PINE KEY, FL 33043-4742 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0480681</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DOUVILLE, LINDA</b> <b>32340 CAT LANE</b> <b>NO NAME KEY, FL 33043</b>				Name <b>Ann Marie Sears</b> Street Address (P.O. Box Number is Not Acceptable) <b>1593 Lantana Ln</b> City <b>Big Pine Key</b> <b>FL</b> Zip Code <b>33043</b>	
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 <u><i>Ann Marie Sears</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUVILLE, LINDA</b>		NAME	<b>ANN MARIE SEARS</b>	
STREET ADDRESS	<b>32340 CAT LANE</b>		STREET ADDRESS	<b>1593 Lantana Ln Big Pine Key</b>	
CITY-ST-ZIP	<b>NO NAME KEY, FL 33043</b>		CITY-ST-ZIP	<b>FL 33043</b>	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SNEDEKER, SHIRLEY</b>		NAME		
STREET ADDRESS	<b>29678 CONSTITUTION AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BIG PINE KEY, FL 33043</b>		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CLOSE, RALPH</b>		NAME		
STREET ADDRESS	<b>151 W. INDIES DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RAMROD KEY, FL 33042</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ELDER, JOSEPHINE</b>		NAME		
STREET ADDRESS	<b>29059 MAGNOLIA DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BIG PINE KEY, FL 33043</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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> <u><i>Ann Marie Sears</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <span style="float: right;"><small>Daytime Phone #</small></span>					