


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90272 003 \*\*\*\*61.25

<b>DOCUMENT # N94000003497</b> 1. Entity Name <b>FRIENDS OF THE FORT WALTON BEACH LIBRARY, INC.</b>					
Principal Place of Business <b>185 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548</b>			Mailing Address <b>185 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3384662</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GREENWALD, CHARLENE B 185 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GREENWALD, CHARLENE B</b>		NAME		
STREET ADDRESS	<b>206 JET DRIVE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FORT WALTON BEACH, FL 32548</b>		CITY - ST - ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DENNIS, BETH</b>		NAME	<b>Vice President/Treasurer</b>	
STREET ADDRESS	<b>57 HUMMINGBIRD</b>		STREET ADDRESS	<b>Whittaker, Linda</b>	
CITY - ST - ZIP	<b>FORT WALTON BEACH, FL 32548</b>		CITY - ST - ZIP	<b>305 Vaughn Street</b>	
TITLE	TDS	<input type="checkbox"/> Delete	TITLE	<b>Fort Walton Beach FL 32548</b>	
NAME	<b>WHITTAKER, LINDA</b>		NAME		
STREET ADDRESS	<b>305 VAUGHN STREET</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>FORT WALTON BEACH, FL 32548</b>		CITY - ST - ZIP		
TITLE	1	<input type="checkbox"/> Delete	TITLE	<b>Secretary</b>	
NAME			NAME	<b>Dykes, Pat</b>	
STREET ADDRESS			STREET ADDRESS	<b>329 Sudduth Circle</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>Fort Walton Beach FL 32548</b>	
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>Charlene Greenwald</u> <u>Charlene</u> <u>Jan 7 06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

GREENWALD

850-244-5058