

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90047 029 \*\*\*\*61.25

**DOCUMENT # N96000006178**

**1. Entity Name**

**FRIENDS OF THE PALM SPRINGS LIBRARY, INC.**



**Principal Place of Business**

**217 CYPRESS LANE  
PALM SPRINGS FL 33461-1698**

**Mailing Address**

**217 CYPRESS LANE  
PALM SPRINGS FL 33461-1698**

**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**

**65-0733513**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROMEO, ELENA  
217 CYPRESS LANE  
PALM SPRINGS FL 33461-1698**

**7. Name and Address of New Registered Agent**

**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 May 1, 2004**

**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** **D** ☐ Delete  
**NAME** **BECAK, THALIA**  
**STREET ADDRESS** **4717 RAINBOW DR**  
**CITY-ST-ZIP** **LAKE WORTH FL 33463**

**TITLE** **DT** ☐ Delete  
**NAME** **BANNING, JEANNETTE**  
**STREET ADDRESS** **345 HENTHORNE DR**  
**CITY-ST-ZIP** **LAKE WORTH FL 33461**

**TITLE** **D** ☐ Delete  
**NAME** **ROMEO, ELENA**  
**STREET ADDRESS** **217 CYPRESS LANE**  
**CITY-ST-ZIP** **PALM SPRINGS FL 33461**

**TITLE** **D** ☐ Delete  
**NAME** **BREHM, FRED A**  
**STREET ADDRESS** **333 EMERSON CIR.**  
**CITY-ST-ZIP** **PALM SPRINGS FL 33461**

**TITLE** **D** ☐ Delete  
**NAME** **WALTER, KOCH**  
**STREET ADDRESS** **224 SPRINGDALE CIRCLE**  
**CITY-ST-ZIP** **PALM SPRINGS FL 33461**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**CITY-ST-ZIP**

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

☐ Change ☒ Addition  
**TITLE** **D/P**  
**NAME** **DEVOR, JERRY**  
**STREET ADDRESS** **217 CYPRESS LANE**  
**CITY-ST-ZIP** **PALM SPRINGS, FL 33461**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**JEANNETTE BANNING 3/5/04 (561) 965-2204**