

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

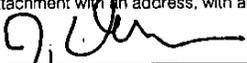
**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90175 037 \*\*\*\*61.25

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01282005 Chg-NP CR2E037 (10/03)

|   |                        |  |   |  |                                   |    |          |
|---|------------------------|--|---|--|-----------------------------------|----|----------|
| DOCUMENT # N96000006178   |                        |  |   |         |                                   |    |          |
| 1. Entity Name<br>FRIENDS OF THE PALM SPRINGS LIBRARY, INC.   |                        |  |   |  |                                   |    |          |
| Principal Place of Business<br>217 CYPRESS LANE<br>PALM SPRINGS, FL 33461-1698  |                        | Mailing Address<br>217 CYPRESS LANE<br>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<br>65-0733513  |                                   |    |          |
|   |                        |  |   | Applied For<br>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           |  |                                   |    |          |
| ROMEO, ELENA<br>217 CYPRESS LANE<br>PALM SPRINGS, FL 33461-1698   |                        |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                        |  |   |  |                                   |    |          |
| Filing Fee is \$61.25 Due by May 1, 2005  |                        | 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   | D                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME  | BECAK, THALIA          |  | NAME  |  |                                   |    |          |
| STREET ADDRESS  | 4717 RAINBOW DR        |  | STREET ADDRESS  |  |                                   |    |          |
| CITY-ST-ZIP   | LAKE WORTH, FL 33463   |  | CITY-ST-ZIP   |  |                                   |    |          |
| TITLE   | DT                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME  | BANNING, JEANETTE      |  | NAME  |  |                                   |    |          |
| STREET ADDRESS  | 345 HENTHORNE DR       |  | STREET ADDRESS  |  |                                   |    |          |
| CITY-ST-ZIP   | LAKE WORTH, FL 33461   |  | CITY-ST-ZIP   |  |                                   |    |          |
| TITLE   | D                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME  | ROMEO, ELENA           |  | NAME  |  |                                   |    |          |
| STREET ADDRESS  | 217 CYPRESS LANE       |  | STREET ADDRESS  |  |                                   |    |          |
| CITY-ST-ZIP   | PALM SPRINGS, FL 33461 |  | CITY-ST-ZIP   |  |                                   |    |          |
| TITLE   | D                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME  | BREHM, FRED A          |  | NAME  |  |                                   |    |          |
| STREET ADDRESS  | 333 EMERSON CIR.       |  | STREET ADDRESS  |  |                                   |    |          |
| CITY-ST-ZIP   | PALM SPRINGS, FL 33461 |  | CITY-ST-ZIP   |  |                                   |    |          |
| TITLE   | D                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME  | WALTER, KOCH           |  | NAME  |  |                                   |    |          |
| STREET ADDRESS  | 224 SPRINGDALE CIRCLE  |  | STREET ADDRESS  |  |                                   |    |          |
| CITY-ST-ZIP   | PALM SPRINGS, FL 33461 |  | CITY-ST-ZIP   |  |                                   |    |          |
| TITLE   | DP                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |    |          |
| NAME  | DEVOR, JERRY           |  | NAME  |  |                                   |    |          |
| STREET ADDRESS  | 217 CYPRESS LANE       |  | STREET ADDRESS  |  |                                   |    |          |
| CITY-ST-ZIP   | PALM SPRINGS, FL 33461 |  | CITY-ST-ZIP   |  |                                   |    |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:   |                        | JERRY DEVOR  |   | 2/9/05 (561) 965-2204  |                                   |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                        |  |   | Date Daytime Phone #   |                                   |    |          |