
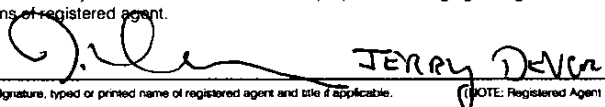



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90335 049 \*\*\*\*61.25

<b>DOCUMENT # N96000006178</b>					
1. Entity Name <b>FRIENDS OF THE PALM SPRINGS LIBRARY, INC.</b>					
Principal Place of Business <b>217 CYPRESS LANE PALM SPRINGS, FL 33461-1698</b>			Mailing Address <b>217 CYPRESS LANE PALM SPRINGS, FL 33461-1698</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent <b>ROMEO, ELENA 217 CYPRESS LANE PALM SPRINGS, FL 33461-1698</b>				7. Name and Address of New Registered Agent Name <b>DEVOR, JERRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>217 CYPRESS LANE</b> City <b>Palm Springs</b> <b>FL</b> Zip Code <b>33461</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  <b>JERRY DEVOR</b> DATE <b>3/28/06</b> <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	D	<input checked="" type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECAK, THALIA		NAME	<b>FLORENCE SELF</b>	
STREET ADDRESS	4717 RAINBOW DR		STREET ADDRESS	<b>316 PCE DR.</b>	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	<b>Palm Springs 33461</b>	
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 checked="" type="checkbox"/> Delete	TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMEO, ELENA		NAME	<b>VERGENA GARDNER</b>	
STREET ADDRESS	217 CYPRESS LANE		STREET ADDRESS	<b>790 LORT DR.</b>	
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-ST-ZIP	<b>Palm Springs 33461</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREHM, FRED		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 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.  SIGNATURE:  <b>JERRY DEVOR</b> DATE <b>3/28/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					