

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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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



02082007 No Chg-NP

CR2E037 (4/06)

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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

DEVOR, JERRY
217 CYPRESS LANE
PALM SPRINGS, FL 33461-1698

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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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SELF, FLORENCE
STREET ADDRESS 316 POE DR
CITY-ST-ZIP PALM SPRING, FL 33461

TITLE DT
NAME BANNING, JEANETTE
STREET ADDRESS 345 HENTHORNE DR
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE D
NAME GARDNER, VIRGINIA
STREET ADDRESS 790 LORI DR
CITY-ST-ZIP PALM SPRING, FL 33461

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

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

TITLE DP
NAME DEVOR, JERRY
STREET ADDRESS 217 CYPRESS LANE
CITY-ST-ZIP PALM SPRINGS, FL 33461

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04/03/07-80071-007 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #