

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760887

**Entity Name:** FRIENDS OF THE BOYNTON BEACH CITY LIBRARY, INC.

**Current Principal Place of Business:**

208 S SEACREST BLVD  
BOYNTON BCH, FL 33435

**Current Mailing Address:**

208 S SEACREST BLVD  
BOYNTON BCH, FL 33435

**FEI Number: 59-2276356**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CLARK, CRAIG B  
208 S. SEACREST BLVD.  
BOYNTON BEACH, FL 33435 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FILLION, NANCY  
Address 17 FAIRWAY DR.  
City-State-Zip: BOYNTON BEACH FL 33436

Title S  
Name LAFOUNTAIN, MARGARET  
Address 643 SW THIRD AVE.  
City-State-Zip: BOYNTON BEACH FL 33426

Title D  
Name BIRDSALL, JEAN  
Address 1003 SW SIXTH AVE  
City-State-Zip: BOYNTON BEACH FL 33426

Title T  
Name WAGMEISTER, MYRON  
Address 8158 CASSIA DR.  
City-State-Zip: BOYNTON BEACH FL 33472

Title VP  
Name WAGMEISTER, JUDITH  
Address 8158 CASSIA DR.  
City-State-Zip: BOYNTON BEACH FL 33437

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MYRON WAGMEISTER**

**TREASURER**

**01/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date