

**DOCUMENT # 710356**

1. Entity Name

**SANIBEL PUBLIC LIBRARY, INC.**

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90019 011 \*\*\*\*61.25

Principal Place of Business <b>770 DUNLOP ROAD SANIBEL FL 33957</b>	Mailing Address <b>770 DUNLOP ROAD SANIBEL FL 33957-4016</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-6200187</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, PATRICIA J**  
**770 DUNLOP ROAD**  
**SANIBEL FL 33957**

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.

SIGNATURE *Patricia J. Allen*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*5 Jan 2000*  
 Date

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GEDERIAN, ARMEN</b> <b>1043 SAND CASTLE ROAD</b> <b>SANIBEL FL 33957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KYLE, WILLIAM</b> <b>1090 SKIFF PLACE</b> <b>SANIBEL FL 33957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EMMETT, ROBERT</b> <b>9465 CALLA COURT</b> <b>SANIBEL FL 33957</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOERSHEL, PHILLIS</b> <b>4407 SUNDIAL COURT</b> <b>FT MYERS FL 33908</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PERLOWSKI, JOHN</b> <b>5293 UMBRELLA POOL RD</b> <b>SANIBEL FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BASSETT, PRESTON</b> <b>1155 SAND CASTEL ROAD</b> <b>SANIBEL FL 33957</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director-at-large</b> <b>Lennart Lorenson</b> <b>14791 Blackbird Lane</b> <b>Fort Myers, FL 33919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director-at-large</b> <b>Dorothy Sprouse</b> <b>4015 West Gulf Drive.</b> <b>Sanibel, FL 33957</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*John S. Perlowski*  
**REQUIRED** John S. Perlowski

1/6/2000

Date

Daytime Phone #