

**DOCUMENT # 710356**

1. Entity Name  
**SANIBEL PUBLIC LIBRARY, INC.**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90047 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**770 DUNLOP RAOD**      **770 DUNLOP RAOD**  
**SANIBEL FL 33957**      **SANIBEL FL 33957**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-6200187**       Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 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.

*4 January 2001*  
DATE

(NOTE: Registered Agent signature required when reinstating)

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

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GEDERIAN, ARMEN</b>	
STREET ADDRESS	<b>1043 SAND CASTLE ROAD</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KYLE, WILLIAM</b>	
STREET ADDRESS	<b>1090 SKIFF PLACE</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LORENSON, LENNART</b>	
STREET ADDRESS	<b>14791 BLACKBIRD LN</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SPROUSE, DOROTHY</b>	
STREET ADDRESS	<b>4015 W. GULF DR</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERLOWSKI, JOHN</b>	
STREET ADDRESS	<b>5293 UMBRELLA POOL RD</b>	
CITY-ST-ZIP	<b>SANIBEL FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BASSETT, PRESTON</b>	
STREET ADDRESS	<b>1155 SAND CASTEL ROAD</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James Hooper</b>	
STREET ADDRESS	<b>5280 Ladyfinger Lake Road</b>	
CITY-ST-ZIP	<b>Sanibel, FL 33957</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William Craig</b>	
STREET ADDRESS	<b>993 Sand Castle Road</b>	
CITY-ST-ZIP	<b>Sanibel, FL 33957</b>	
TITLE	<b>Director-at-large</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Charles LeGette</b>	
STREET ADDRESS	<b>600 North Yachtsman Drive</b>	
CITY-ST-ZIP	<b>Sanibel, FL 33957</b>	
TITLE	<b>Director-at-large</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joan Smith</b>	
STREET ADDRESS	<b>9436 Yucca Court</b>	
CITY-ST-ZIP	<b>Sanibel, FL 33957</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *James Hooper* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James Hooper, President**      **1/4/01**  
Date      Daytime Phone #

CR2E037 (10/00)