


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 729476
 1. Entity Name
 FRIENDS OF THE MIAMI-DADE PUBLIC LIBRARY, INC.



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| Principal Place of Business METRO DADE CULTURAL CENTER 101 WEST FLAGLER STREET MIAMI, FL 33130-1504 | Mailing Address METRO DADE CULTURAL CENTER 101 WEST FLAGLER STREET MIAMI, FL 33130-1504 |
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01282004 No Chg-NP CR2E037 (10/03)

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|---|--------------------------------|
| 4. FEI Number 59-1768521 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 MUIR, WILLIAM T.
 MIAMI-DADE PUBLIC LIBRARY METRO DADE
 CULTURAL CENTER 101 W. FLAGLER ST.
 MIAMI, FL 33130

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000057895
 02/20/04-80008-005 70.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GREENFIELD, PRISCILLA 3194 VIA ABITARE MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADMIRE, RUTH 6459 SUNSET DR MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS MUIR, WILLIAM T 3855 STEWART AVE. MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, SARA LAXSON 2801 SEMINOLE ST MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LEE, ANNE S 519 LORETTO AVE. CORAL GABLES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Priscilla M. Greenfield* 2/11/04 **PRISCILLA M. GREENFIELD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-375-5017
 Date Daytime Phone #