

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90242 001 ****61.25

DOCUMENT # 732740



1. Entity Name
FRIENDS OF THE ORANGE COUNTY LIBRARY SYSTEM, INC

Principal Place of Business
**101 E. CENTRAL BLVD.
ORLANDO FL 32801**

Mailing Address
**101 E. CENTRAL BLVD.
ORLANDO FL 32801**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1645400**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOFFMAN, MARILYN
ORANGE COUNTY LIBRARY SYS. CMTY RELATIONS
101 E CENTRAL BLVD
ORLANDO FL 32801**

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. 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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **FRENIER, RAY**
STREET ADDRESS **1505 LANCASTER DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** Delete
NAME **HOFMA, EDWARD**
STREET ADDRESS **3808 WYLDWOOD LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **P** Delete
NAME **KENNEDY, CATHY**
STREET ADDRESS **500 ST GERMAINE AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** Delete
NAME **GREEN, JACQULINE**
STREET ADDRESS **5412 CONWAY POINTE COURT**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: _____

Raymond Frenier
SIGNATURE REQUIRED

2/5/03

407-835-7496

Daytime Phone #

CR2E037 (10/02)