

**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	
Zip	Country	Zip	Country

4. FEI Number 59-1645400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

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		<input type="checkbox"/> Delete
TITLE	D	
NAME	FRENIER, RAY	
STREET ADDRESS	1505 LANCASTER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	
NAME	HOFMA, EDWARD	
STREET ADDRESS	3806 WYLDWOOD LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	
NAME	KENNEDY, CATHY	
STREET ADDRESS	500 ST GERMAINE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	
NAME	GREEN, JACQULINE	
STREET ADDRESS	5412 CONWAY POINTE COURT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: *[Signature]* **REMOVED** **2/5/03** **407-835-7496**
Date Daytime Phone #

CR2E037 (10/02)