

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90171 048 ****61.25

DOCUMENT # N15028

1. Entity Name

FRIENDS OF THE A. F. KNOTTS PUBLIC LIBRARY, INC.



Principal Place of Business

**11 56TH ST.
YANKEETOWN FL 34498**

Mailing Address

**P. O. BOX 11
YANKEETOWN FL 34498**

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 **59-2677504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LANGLEY, PETER III
NOTTINGHAM LANE
P O BOX 124
INGLIS FL 32698**

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

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

TITLE **VP** ☐ Delete
NAME **FRINK, PEG**
STREET ADDRESS **39 MAGNOLIA AVE**
CITY-ST-ZIP **YANKEETOWN FL 34498**

TITLE **P** ☐ Delete
NAME **HILL, CAROL**
STREET ADDRESS **5718 RIVERSIDE DRIVE**
CITY-ST-ZIP **YANKEETOWN FL 34498**

TITLE **VD** ☒ Delete
NAME **SPETZ, PEGGY**
STREET ADDRESS **5701 RIVERSIDE DR**
CITY-ST-ZIP **YANKEETOWN FL**

TITLE **TD** ☐ Delete
NAME **FEENEY, ELEANOR C**
STREET ADDRESS **P.O. BOX 307**
CITY-ST-ZIP **YANKEETOWN FL 34498**

TITLE **D** ☐ Delete
NAME **SMITH, RUTH**
STREET ADDRESS **24 PALM POINT DRIVE**
CITY-ST-ZIP **INGLIS FL 34449**

TITLE **D** ☐ Delete
NAME **BOWERS, CHEIRE E.**
STREET ADDRESS **34 PATRICIA**
CITY-ST-ZIP **YANKEETOWN FL 34498**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **HENRY, MARY**
STREET ADDRESS **34 DRAGON DRIVE**
CITY-ST-ZIP **INGLIS, FL 34449**

TITLE **D** ☐ Change ☐ Addition
NAME **CHAMPAGNE, KARIN**
STREET ADDRESS **33 MAGNOLIA AVE.**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **D** ☐ Change ☐ Addition
NAME **EDMONSTON, ARLINE**
STREET ADDRESS **17 PALM DRIVE**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

TITLE **D** ☐ Change ☐ Addition
NAME **STEPHENS, MURA**
STREET ADDRESS **12 PALM DR.**
CITY-ST-ZIP **YANKEETOWN, FL 34498**

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:

E. FEENEY **REQUIRE** **AND** **CM FEENEY** **April 04, 03 352-447**

CR2E037 (10/02)