2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90204 033 ****61.25

DOCUMENT # N16535

1. Entity Name

FRIENDS OF THE NAVARRE COMMUNITY LIBRARY, INC.

Principal Place of Business	Mailing Address
1917 HOLLEY NAVARRE SCHOOL ROAD NAVARRE FL 32566	P O BOX 5249 NAVARRE FL 32566-0249 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8484 James M. Harvell Rd	P.O. Box 5268
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Navarre, FL	City & State: Navarre, FL
Zip: 32566 Country: U.S.	Zip: 32566 Country: U.S.

4. FEI Number: 07-0028700 ☐ Applied For ☐ Not Applicable

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
MAJORS, THOMAS J 2363 VALLEY RD NAVARRE FL 32566	Name: FRANK BAGGOTT Street Address (P.O. Box Number is Not Acceptable): 6961 FLINTWOOD ST. City: NAVARRE, FL Zip Code: 32566

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: JB Baggott — FRANK BAGGOTT, PRESIDENT — 1/5/00

Signature, typed or printed name of registered agent and title if applicable — ~~(If a Registered Agent signature required when updating)~~ — 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAJORS, THOMAS J 2363 VALLEY RD NAVARRE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANK BAGGOTT 6961 FLINTWOOD ST. NAVARRE, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PAINE, FRANK 6843 PERCH RD NAVARRE FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NANCY SANDLER 1905 WILLIAMS CREEK DR. NAVARRE, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRUETT, CHAUNCY 6810 E BAY BLVD NAVARRE FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAY, JULIA 6801 TIDEWATER DR NAVARRE FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDA COOK 3156 BIRDSEYE CIRCLE GULF BREEZE,FL 32561	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROESCH, FRANCES 1403 ARKANSAS ST NAVARRE FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBARA LINAM 7373 GULF BLVD. NAVARRE BEACH, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIMES, DOT 2568 1ST CT NAVARRE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PATT STEWART 2236 KERRA LANE NAVARRE, FL 32566	☐ Change ☒ Addition

CR2E037 (9/99)

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 REQUIRED — CHAUNCY PRUETT,TREAS. — 1/5/00 — (850)939-2462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #