

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N16535

1. Entity Name
FRIENDS OF THE NAVARRE COMMUNITY LIBRARY, INC.



Principal Place of Business
**8484 JAMES M HARVELL RD
NAVARRE, FL 32566**

Mailing Address
**P O BOX 5268
NAVARRE, FL 32566 US**

FILED
Feb 12, 2004 08:00 AM
Secretary of State



02092004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**ERTL, JUDITH
2542 VALLEY RD
NAVARRE, FL 32566**

**DO NOT WRITE
IN THIS SPACE**

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

Judith Ertl **JUDITH ERTL**

(NOTE: Registered Agent signature required when reinstating)

Feb 9, 2004
DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SANDLER, NANCY
1905 WILLIAMS CREEK DR
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WANNER, WALTER
7031 PROAM CT
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
STEWART, PATT
2236 KERRA LANE
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ERTL, JUDITH
2542 VALLEY RD
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000048625
02/12/04-80088-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Judith Ertl **JUDITH ERTL**

Feb 9, 2004
Date

850 939-3985
Daytime Phone #