2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 28, 2000 8:00 am Secretary of State **DOCUMENT # N27609** 1. Entity Name FRIENDS OF THE LIBRARY OF THE CITY OF LAKE WORTH 08-28-2000 90039 033 ****61.25 Principal Place of Business Mailing Address 15 NORTH M STREET 15 NORTH M STREET LAKE WORTH FL 33460 LAKE WORTH FL 33460 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0042661 Not Applicable Zip Zip Country **\$8:75** Additional * 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, CAROL 826 SUNSET DR LAKE WORTH FL 33461 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP ☐ Addition TITLE ☐ Delete TITLE ☐ Change SOLIMINE, ALEX NAME NAME STREET ADDRESS STREET ADDRESS 722 LAKE AVE #118 CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33460 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SMITH, CAROL NAME STREET ADDRESS 826 SUNSET DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Addition Delete TITLE ☐ Change TITLE DUNCAN, HONEY NAME NAME STREET ADDRESS 1019 SNOWDEN STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

CITY-ST-7IP

SIGNATURE: VOICE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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