

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91835 034 \*\*\*\*61.25

**DOCUMENT # N27609**



1. Entity Name  
**FRIENDS OF THE LIBRARY OF THE CITY OF LAKE WORTH  
FLORIDA, INC.**

Principal Place of Business  
**15 NORTH M STREET  
LAKE WORTH FL 33460**

Mailing Address  
**15 NORTH M STREET  
LAKE WORTH FL 33460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0042661**

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

7. Name and Address of New Registered Agent

**SMITH, CAROL  
826 SUNSET DR  
LAKE WORTH FL 33461**

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, CAROL</b>	
STREET ADDRESS	<b>826 SUNSET DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>SHINER, ADELA</b>	
STREET ADDRESS	<b>500 1ST AVE. S #101</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>YD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AHO, BILL</b>	
STREET ADDRESS	<b>1025 S. FEDERAL HWY #3</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KESHIAN, CHARLOTTE</b>	
STREET ADDRESS	<b>232 WELLESLEY DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>YD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEASE, PETER M.</b>	
STREET ADDRESS	<b>214 4th AVES.</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33460</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Carol Smith* **4-26-03** **561-533-7354**

CR2E037 (10/02)