

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90007 005 ****61.25

DOCUMENT # N38686

1. Entity Name
FRIENDS OF THE ISLAND LIBRARY, INC.

Principal Place of Business Mailing Address
5701 MARINA DRIVE **5701 MARINA DRIVE**
HOLMES BCH FL 34217 **HOLMES BCH FL 34217-151E**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
61-0161681 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THORNBURG, MERCEDES
528 72ND STREET
HOLMES BEACH FL 34217
EDWARD BLAGDON →

7. Name and Address of New Registered Agent
 Name **EDWARD A. BLAGDON**
 Street Address (P.O. Box Number is Not Acceptable)
608 CONCORD LANE
 City **HOLMES BEACH** **FL** Zip Code **34217**

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 *Edward A. Blagdon* **1/18/00**
 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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SHARRAR, JO	
STREET ADDRESS	6909 GULF DR	
CITY-ST-ZIP	HOLMES BCH FL 34217	
TITLE	VP PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHNSON, DENISE	
STREET ADDRESS	530 77TH STREET	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRACKEN, JOE	
STREET ADDRESS	535 68TH ST	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLAGDON, ED	
STREET ADDRESS	608 CONCORD LN	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYONS, PEG	
STREET ADDRESS	841 AUDUBON DR	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ROBERT B	
STREET ADDRESS	509 77TH STREET	
CITY-ST-ZIP	HOLMES BEACH FL 34217	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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 all other like empowered.

SIGNATURE: *Edward A. Blagdon* **Treasurer** **1/18/00** **941 778 2787**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)