

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


FILED
Feb 14, 2003 8:00 am
Secretary of State

01-27-2003 90143 048 ****61.25

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DOCUMENT # N38686

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



Principal Place of Business Mailing Address

**5701 MARINA DRIVE
HOLMES BCH FL 34217
US** **5701 MARINA DRIVE
HOLMES BCH FL 34217
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **61-0161681** 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

**BLAGDON, EDWARD A
608 CONCORD LANE
HOLMES BEACH FL 34217**

7. Name and Address of New Registered Agent

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~~ ^{renewing} 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 *Edward A Blagdon (not required)* DATE *1/24/03*

Signature, typed or printed name of registered agent to file if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EARLY, JANE 4307 GULF DRIVE, #101 HOLMES BCH FL 34217 <i>Secy</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOOK, AMY 530 77TH STREET HOLMES BEACH FL <i>T</i>	<input type="checkbox"/> Delete <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRACKEN, JOE 535 68TH ST HOLMES BEACH FL 34217 <i>T</i>	<input type="checkbox"/> Delete <i>Director</i> <i>Pres.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAGDON, ED 608 CONCORD LN HOLMES BEACH FL 34217 <i>T</i>	<input type="checkbox"/> Delete <i>Director</i> <i>Treas.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEFIG, PAT 526 77 ST. HOLMES BEACH FL 34217	<input type="checkbox"/> Delete <i>Program</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHHORN, MARDENE 822 GLADSTONE LN HOLMES BEACH FL 34217	<input type="checkbox"/> Delete <i>membership</i>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *1/24/03 941 778 2787*

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

CR2E037 (10/02)