2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS E HARDY (PREST

Feb 27, 2002 8:00 am Secretary of State DOCUMENT # **N9400003446** FRIENDS OF THE OAKLAND PARK LIBRARY, INC. 02-27-2002 90044 031 ****61.25 Principal Place of Business Mailing Address 1298 N.E. 37TH ST. 1298 N.E. 37TH ST. OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0505125 Not Applicable Zip \$8.75 Additional Country Zip Country Certificate of Status Desired -Fee-Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, GEORGE H Street Address (P.O. Box Number is Not Acceptable) 1499 NE 35TH ST OAKLAND PARK FL 33334-4549 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01)TITLE ☐ Delete TITLE Change ☐ Addition HARDY, THOMAS E NAME NAME 4421 NE 19TH AVE STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33308 CITY-ST-ZIP CITY-ST-ZIP VĐ TITI F **x**Delete TITLE **S** Change ☐ Addition wimberly, harry l MITCHELL, DARLEEN NAME NAME 1911 N E 41ST ST STREET ADDRESS STREET ADDRESS 1584 NE 33rd ST OAKLAND PARK FL 33334 CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK, FL 33334 ☐ Delete Change ☐ Addition TITLE TITLE von Stetina, Deanne NAME NAME 400 NE 49TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP SD **₹**Delete TITLE TITLE Change □ Addition KELLER, ROSE T NAME NAME GORDON, THEA 1914 NW 36TH CT STREET ADDRESS STREET ADDRESS 1499 NE 35th ST OAKLAND PARK FL 33308 CITY-ST-7IP CITY-ST-ZIP OAKLAND PARK, FL 33334 ☐ Delete TITLE Change ■ Addition NAME NAME JONES, EDYTHE M. STREET ADDRESS STREET ADDRESS 659 W. OAKLAND PARK BLVD CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE. ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

DENT

FILED

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