2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCLIMENT # NIGAGGGGGAAG



FILED Feb 09, 2004 8:00 am Secretary of State

1. Entity Name FRIENDS OF THE OAKLAND PARK LIBRARY, INC.					(02-09-2004 9	90045 02	25 ****6	1.25
1298 N.E. 37TH ST. 1298		Mailing Address 1298 N.E. 37TH ST. OAKLAND PARK, FL 333	•					4003	•
2. Principal P	lace of Business .	3. Mailing Address							
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.			hg-NP	CR2E03	7 (10/03)	
City & State Cit		City & State	ity & State		4. FEI Number 65-050512	25			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S				ditional
	6. Name and Address of Current F	legistered Agent	Name		7. Name and Add	dress of New Re	gistered A	gent	
GORDON, 1499 NE 3	, GEORGE H		Name Street A	ddress (f	P.O. Box Number is	Not Acceptable)		
	PARK, FL 33334-4549								
į.		•	City				FL	Zip Cod	e
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office o	r register	ed agent, or both, in	the State of Flor	rida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	Registered Agent signal	ture required	when reinstating)		- DATE		
SIGNATURE		9. Election Camp Trust Fund Cor	aign Financing			Ma	ake check	payable t	
10.	Signature, typed or printed name of registered agent a Filting Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be	Ma Flori	ake check da Depart	ment of S	tate 1 10
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	naign Financing ntribution.		\$5.00 May Be Added to Fees	Ma Flori	ake check da Depart	ment of S	tate
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10. TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR PD HARDY, THOMAS E 4421 NE 19TH AVE OAKLAND PARK, FL 33308 VD	9. Election Camp Trust Fund Cor	aign Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		\$5.00 May Be Added to Fees	Ma Flori	ake check da Depart	ment of S	tate 1 10
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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.

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THOMAS E. HARDY, PRESIDENT

2/4/2004

954-772-3959

Daytime Phone #