2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004733

1. Entity Name
FRIENDS OF THE WEST PALM BEACH PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
100 CLEMATIS STREET W PALM BEACH, FL 33401	3611 EASTVIEW AVENUE WEST PALM BEACH, FL 33407-4723 US

DO NOT WRITE IN THIS SPACE

04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0611455
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUEY, ERIC G
3611 EASTVIEW AVENUE
WEST PALM BEACH, FL 33407-4723

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000151643
05/04/04-80052-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JORDAN, JOSEPH ESQ.
STREET ADDRESS	1601 FORUM PLACE, STE 1110
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VD
NAME	BRANDENBURG, PETER J
STREET ADDRESS	299 GRANADA ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD
NAME	MCCOLLOUGH, CLAIRE
STREET ADDRESS	332 SOUTH COUNTY ROAD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	TD
NAME	HUEY, ERIC G
STREET ADDRESS	3611 EASTVIEW AVENUE
CITY-ST-ZIP	WEST PALM BEACH, FL 334074723
TITLE	D
NAME	BRANDENBURG, MARY S
STREET ADDRESS	299 GRANADA ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	ZUCARO, ALFRED JR.
STREET ADDRESS	255 EVERNIA STREET, STE 604
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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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: Eric G Huey 4-29-04 561-844-7423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #