

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90231 031 ****61.25

DOCUMENT # N97000000507

1. Entity Name
**THE FRIENDS OF THE VOLUSIA COUNTY LIBRARY CENTER
, INC.**



Principal Place of Business
**105 EAST MAGNOLIA AVE.
DAYTONA BEACH FL 32114**

Mailing Address
**105 EAST MAGNOLIA AVE.
DAYTONA BEACH FL 32114**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1969700**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANTHEY, MARCIA
405 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119**

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 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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☐ Delete
NAME	LEMPER, LYNN	
STREET ADDRESS	1227 GOLFVIEW DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	DV	☐ Delete
NAME	GENEREUX, CLAUDETTE	
STREET ADDRESS	3164 S PENINSULA DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	DT	☐ Delete
NAME	MANTHEY, MARCIA	
STREET ADDRESS	405 PELICAN BAY DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	DS	☐ Delete
NAME	SMITH, PHOEBE	
STREET ADDRESS	1600 CRESCENT RIDGE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: **SIGNATURE REQUIRED** Marcia Manthey 1-23-03 386-304-5053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)