

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-09-2004 90056 014 ****61.25

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1. Entity Name
**FRIENDS OF THE NATURE COAST LAKES REGION
LIBRARY, INC.**



Principal Place of Business
1511 DRUID ROAD
INVERNESS, FL 34452

Mailing Address
1511 DRUID ROAD
INVERNESS, FL 34452

94012387



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
05-0541872

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

FRAZE, LESLIE
1511 DRUID ROAD
INVERNESS, FL 34452

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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 PD ☐ Delete
NAME LANGLEY, SANDRA
STREET ADDRESS 3220 BLACK MOUNTAIN DR
CITY-ST-ZIP INVERNESS, FL 34450

TITLE ☒ Change ☐ Addition
NAME FRAZE, LESLIE
STREET ADDRESS 8528 E Aquarius Dr.
CITY-ST-ZIP Inverness, FL 34450-2741

TITLE VPD ☐ Delete
NAME FRAZE, LESLIE
STREET ADDRESS 8528 E AQUARIUS DR
CITY-ST-ZIP INVERNESS, FL 344502741

TITLE ☒ Change ☐ Addition
NAME Price Sandra
STREET ADDRESS 3220 Black Mountain Dr.
CITY-ST-ZIP Inverness FL 34450

TITLE S ☐ Delete
NAME MARTIN, GLENDA
STREET ADDRESS 4167 S CANTON TERR
CITY-ST-ZIP INVERNESS, FL 34452

TITLE ☒ Change ☐ Addition
NAME MARTIN, GLENDA
STREET ADDRESS 4167 S CANTON TERR
CITY-ST-ZIP INVERNESS, FL 34452

TITLE T ☐ Delete
NAME BOCKSKOPF, DONNA
STREET ADDRESS 6317 E SAGE ST
CITY-ST-ZIP INVERNESS, FL 34452

TITLE ☒ Change ☐ Addition
NAME BOCKSKOPF DONNA
STREET ADDRESS 6317 E. SAGE ST
CITY-ST-ZIP INVERNESS, FL 34452

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME NEMETH, ERIKA
STREET ADDRESS 304 E. HARVARD ST
CITY-ST-ZIP INVERNESS FL 34452

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME NIXON, DORIS
STREET ADDRESS 1809 E. MONOPOLY LP
CITY-ST-ZIP INVERNESS, FL 34453

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: *Leslie C. Frazee* **Leslie C. Frazee, President 2/4/04 352-860-2566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(ATTACHMENT)

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Friends of the Nature Coast Lakes Region Library, Inc.

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☒ ADDITION

D

THOMSON-SCHOSS, BOBBIE

1680 REDDING ST

HERNANDO FL 34442