

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90170 018 ****61.25

DOCUMENT # N11076

1. Entity Name

FRIENDS OF THE GULF COUNTY PUBLIC LIBRARIES, INC

Principal Place of Business

C/O MRS JEAN FALISKI
GULF COUNTY PUBLIC LIBRARY, HWY 71 N.
PORT ST. JOE FL

Mailing Address

C/O MRS JEAN FALISKI
GULF COUNTY PUBLIC LIBRARY, HWY 71 N.
PORT ST. JOE FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2849220

Applied For

Not Applicable

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

FALISKI, JEAN
110 LIBRARY DR.
PORT ST. JOE FL 32456

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **MOORE, P**
STREET ADDRESS **GULF CO PB LIBRARY**
CITY-ST-ZIP **PT ST JOE FL 32456**

TITLE **PD** ☒ Change ☐ Addition
NAME **Witter, Neatie**
STREET ADDRESS **GULF CO PB LIBRARY**
CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE **PD** ☒ Delete
NAME **PENDARVIS, P.**
STREET ADDRESS **GULF CO PB LIBRARY**
CITY-ST-ZIP **PORT ST JOE FL 32456**

TITLE **VD** ☒ Change ☐ Addition
NAME **Chafin, William (Sonny)**
STREET ADDRESS **GULF CO PB LIBRARY**
CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE **SD** ☒ Delete
NAME **KUNKLE, M**
STREET ADDRESS **GULF CO PB LIBRARY HWY 71**
CITY-ST-ZIP **PORT ST JOE FL 32456**

TITLE **SD** ☒ Change ☐ Addition
NAME **McCarthy, Geri**
STREET ADDRESS **GULF CO PB LIBRARY**
CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE **TD** ☐ Delete
NAME **KNIGHT, K.**
STREET ADDRESS **GULF CO PB LIBRARY HW 71**
CITY-ST-ZIP **PORT ST. JOE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MIMS, J**
STREET ADDRESS **GULF CO PB LIBRARY HWY 71**
CITY-ST-ZIP **PORT ST JOE FL 32456**

TITLE **D** ☒ Change ☐ Addition
NAME **Mahlkov, Greg**
STREET ADDRESS **GULF CO PB LIBRARY**
CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE **D** ☒ Delete
NAME **PRESSWOOD, M**
STREET ADDRESS **GULF CO PB LIBRARY**
CITY-ST-ZIP **PORT ST JOE FL 32456**

TITLE **D** ☒ Change ☐ Addition
NAME **Schweizer, Peg**
STREET ADDRESS **GULF CO PB LIBRARY**
CITY-ST-ZIP **Port St. Joe, FL 32456**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)