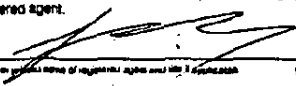


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90074 013 ****61.25

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

DOCUMENT # N00000005926			
1. Entity Name THE FRIENDS OF THE SAN MARCO LIBRARY, INC.			
Principal Place of Business 4362 KELNEPA DR. JACKSONVILLE, FL 32207-6226		Mailing Address 4362 KELNEPA DR. JACKSONVILLE, FL 32207-6226	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent BROCKDORF, SOREN 4362 KELNEPA DR. JACKSONVILLE, FL 32207-6226		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. 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.		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
SIGNATURE 		DATE	
FILE NOW! FEES \$61.25		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
9. Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	BROCKDORF, SOREN	NAME	
STREET ADDRESS	4362 KELNEPA DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207-6226	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	HALL, BARBARA	NAME	
STREET ADDRESS	942 WATERMAN RD. NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	ANDREWS, PAT	NAME	
STREET ADDRESS	1863 RIVER RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 another like empowered.			
SIGNATURE: 			
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			