

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27609

**Entity Name:** FRIENDS OF THE LIBRARY OF THE CITY OF LAKE WORTH,  
FLORIDA, INC.

**FILED**  
**Mar 21, 2018**  
**Secretary of State**  
**CC4668694691**

**Current Principal Place of Business:**

15 NORTH M STREET  
LAKE WORTH, FL 33460

**Current Mailing Address:**

15 NORTH M STREET  
LAKE WORTH, FL 33460

**FEI Number: 65-0042661**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOODSTEIN, SAMUEL H  
15 NORTH M STREET  
FRIENDS OF THE LAKE WORTH LIBRARY  
LAKE WORTH, FL 33460 US

*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: SAMUEL H GOODSTEIN**

**03/21/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GOODSTEIN, SAM  
Address 1717 12TH AVE.S. #F4  
City-State-Zip: LAKE WORTH FL 33460

Title VD  
Name EVANS, JUNE  
Address 145 ATLANTIS BLVD.  
APT.106  
City-State-Zip: ATLANTIS FL 33462

Title TD  
Name LINDSAY, MARY  
Address 327 COLUMBIA CIRCLE  
City-State-Zip: LAKE WORTH FL 33460

Title S  
Name ANSEL, CYNTHIA  
Address 2202 PENNSYLVANIA DRIVE  
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR  
Name GOODSTEIN, MAY  
Address 1717 12TH AVE S. #E4  
City-State-Zip: LAKE WORTH FL 33460

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SAM GOODSTEIN**

**PRESIDENT**

**03/21/2018**

Electronic Signature of Signing Officer/Director Detail

Date