

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003446

**FILED**  
**Feb 10, 2019**  
**Secretary of State**  
**4473972590CC**

**Entity Name:** FRIENDS OF THE ETHEL M. GORDON OAKLAND PARK LIBRARY, INC.

**Current Principal Place of Business:**

1298 N.E. 37TH ST.  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

1298 N.E. 37TH ST.  
OAKLAND PARK, FL 33334 US

**FEI Number:** 65-0505125

**Certificate of Status Desired:** No

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

HARDY, MARY CATHERINE  
4421 NE 19 AVENUE  
OAKLAND PARK, FL 33308-5105 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:** MARY C. HARDY

02/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HARDY, THOMAS E  
Address 4421 NE 19TH AVE  
City-State-Zip: OAKLAND PARK FL 33308-5105

Title TD  
Name HITCHCOCK, SHARON  
Address 3360 NE 8TH AVENUE  
City-State-Zip: OAKLAND PARK FL 33334

Title DIRECTOR  
Name GREEN, JOANN  
Address 4455 NW 18TH AVENUE  
City-State-Zip: OAKLAND PARK FL 33309-4515

Title SD  
Name TOUHY, THERIS A.  
Address 1410 NE 42ND COURT  
City-State-Zip: OAKLAND PARTK FL 33334

Title DIRECTOR  
Name BOWLEG, LAURA V.  
Address 2200 NE 66TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33308

Title DIRECTOR  
Name CUTHBERTSON, SHARON  
Address 241 NE 32ND STREET  
City-State-Zip: OAKLAND PARK FL 33334-1321

*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:** THOMAS E. HARDY

**PRESIDENT**

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date