DOCUMENT # 702784

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90027 015 ****70.00

1. Entity Name

FRIENDS OF THE LIBRARY, INCORPORATED, IN ST. PET

Principal Place of Business	Mailing Address
3745 9TH AVENUE. N ST. PETERSBURG FL 33713	3745 9TH AVENUE. N ST. PETERSBURG FL 33713-6001

DO NOT WRITE IN THIS SPACE

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 59-6151880 ☐ 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
TRIMBLE, RALPH W. 6187 - 25TH AVE N ST. PETERSBURG FL 33710	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D METZLER, BETTY 1357 86TH TERRACE N ST PETE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	33702	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KENT, MRS. DORRIS C. 4212 CARDINAL WAY S. ST PETE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10817 Clara Lane 33708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRIMBLE, RALPH W. 6187 - 25TH AVE N ST PETE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	33710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARROLL, LOUISE 6154 7 AVE N. ST PETE FL 33710	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Bell, Mozelle 5215 Dover St. N.E. St Pete Fl 33703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAFFERY, BETHIA 1019 JUNGLE AVE ST PETERSBURG FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLIAN, EDITH 500 84 AVE N. ST PETERSBURG FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	33702	☒ Change ☐ Addition

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.

727-347-7952

SIGNATURE: Ralph W. Trimble RALPH W. TRIMBLE 2/15/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #