

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90010 017 \*\*\*\*61.25

**DOCUMENT # 703000**



1. Entity Name  
**FRIENDS OF THE ELSIE QUIRK PUBLIC LIBRARY OF  
ENGLEWOOD, INC.**

Principal Place of Business

**100 W. DEARBORN ST.  
ENGLEWOOD, FL 34223 US**

Mailing Address

**100 W DEARBORN ST  
ENGLEWOOD, FL 34223 US**

**44007784**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-2336166**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KOLACSKY, BONNIE K  
525 BOUNDARY BLVD  
ROTONDA WEST, FL 33947**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME BERESFORD-REDMAN, DAVE  
STREET ADDRESS 365 PALM GROVE AVE  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE VD ☐ Delete  
NAME LANDIS, JACK  
STREET ADDRESS 5263 THE POINTE  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE TD ☐ Delete  
NAME KOLACSKY, BONNIE  
STREET ADDRESS 525 BOUNDARY BLVD  
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE SD ☒ Delete  
NAME SMITH, HARRY E  
STREET ADDRESS 25 ST JOHN BLVD  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D ☐ Delete  
NAME GILMORE, SUSAN  
STREET ADDRESS 860 BAYSHORE DR  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D ☒ Delete  
NAME HINCK, JIM  
STREET ADDRESS 699 S INDIANA AV  
CITY-ST-ZIP ENGLEWOOD, FL 34223

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition  
NAME SALANDER, ELLEN  
STREET ADDRESS 61 North Broadway  
CITY-ST-ZIP Englewood FL 34223-3003

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

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

TITLE SD ☐ Change ☒ Addition  
NAME WARREN, EARL  
STREET ADDRESS 1063 Keyway Road  
CITY-ST-ZIP Englewood FL 34223

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

TITLE D ☐ Change ☒ Addition  
NAME ZERAD, ANGIE  
STREET ADDRESS P O BOX 1025  
CITY-ST-ZIP Englewood FL 34295-1025

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-473-3442

Daytime Phone #

Attachment — 703000  
44007784

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kourapis, Christine</b> 348 Red Ash Circle Englewood FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Marley, Gene</b> 1205 Kingfisher Drive Englewood FL 34224-4621 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wikoff, Helen</b> 329 Oakwood Circle Englewood FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dubowik, John</b> 2805 B North Beach Road Englewood FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition