

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90106 037 ****61.25

DOCUMENT # 707501

1. Entity Name
**FRIENDS OF ENGLEWOOD CHARLOTTE PUBLIC
LIBRARY, INC.**



Principal Place of Business
**3450 S MCCALL RD
ENGLEWOOD, FL 34224 US**

Mailing Address
**3450 S MCCALL RD
ENGLEWOOD, FL 34224 US**

50025814



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7360657

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

7. Name and Address of New Registered Agent

**ARENA, MYRA E
299 ROTONDA CIR
ROTONDA WEST, FL 33947**

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAVERLY, JACK
32 SPORTSMAN CT.
ROTONDA WEST, FL 33947** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Cloward, Patty
7038 Rosemont Dr
Englewood FL 34224** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
GROSSOUW, TRADY
36 MARK TWAIN LANE
ROTONDA WEST, FL 33947** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Peters, Inez
1443 Red Oak Lane
Port Charlotte FL 33948** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARENA, VICTOR
299 ROTONDA CIRCLE
ROTONDA WEST, FL 33947** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SO
BAY, JEAN
231 BUNKER RD
ROTONDA WEST, FL 33947** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRENTISS, GERRI
193 FAIRWAY ROAD
ROTONDA WEST, FL 33947** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**UPTD
Prentiss Gerri
193 Fairway Road
Rotonda West FL 33947** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Myra E Arena
299 Rotonda Cir
Rotonda West FL 33947** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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.

SIGNATURE: Myra E Arena

Myra E Arena Pres. 3/7/05 941-6980214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #