

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90174 027 \*\*\*\*61.25

**DOCUMENT # 707768**

1. Entity Name

**RUSKIN LIBRARY ASSOCIATION INC**



Principal Place of Business

**% DOROTHY RENSHAW, TREAS  
144 18TH STREET NW  
RUSKIN FL 33570**

Mailing Address

**% DOROTHY RENSHAW, TREAS  
144 18TH STREET NW  
RUSKIN FL 33570**

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 **59-6159383**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SICKELS, VERA  
534 S DOMINO DR  
RUSKIN FL 33570**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

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 **PT** ☐ Delete  
NAME **SICKELS, VERA**  
STREET ADDRESS **534 S DOMINO DR**  
CITY-ST-ZIP **RUSKIN FL**

TITLE **VD** ☐ Delete  
NAME **COUNCIL, SANDY**  
STREET ADDRESS **414 4TH ST., S. W.**  
CITY-ST-ZIP **RUSKIN FL**

TITLE **SD** ☐ Delete  
NAME **ADAIR, ANNE**  
STREET ADDRESS **2246 GREENHAVEN DR**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **TT** ☐ Delete  
NAME **RENSHAW, DOROTHY**  
STREET ADDRESS **144 18TH ST., N.W.**  
CITY-ST-ZIP **RUSKIN FL**

TITLE **D** ☐ Delete  
NAME **HOCKER, BETTY**  
STREET ADDRESS **1506 LAUGHTON PL**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **T** ☐ Delete  
NAME **DUATO, SALLY**  
STREET ADDRESS **1415 DEIRDRE DR**  
CITY-ST-ZIP **RUSKIN FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

*Dorothy Renshaw*  
**SIGNATURE REQUIRED DOROTHY RENSHAW 1/19/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)