2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 708926** 1. Entity Name 04-26-2004 90574 046 ****61.25 FRIENDS OF THE BRANDON LIBRARY, INC. Principal Place of Business Mailing Address 619 VONDERBURG DRIVE 619 VONDERBURG DRIVE BRANDON FL 33511-5972 BRANDON FL 33511-5972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 70-8926390 Not Applicable Zip Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLFE, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 408 DALI DR BRANDON FL 33511 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE CHRISTINE SAUCIUNAC ATTEBERRY, BARBARA NAME NAME 1629 BENT PINEWAY 109 HICKORY CREEK DRIVE STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 **BRANDON FL 33511** CITY-ST-ZIP CITY-ST-ZIP Change Change TITLE Delete TITLE ☐ Addition GARCIA (ANNE C) GARCIA, C. ANNE 2014 WOODBERRY RD. NAME NAME 2014 WOODBERRY RD STREET ADDRESS STREET ADDRESS BRANDON FL 33310 BRANDON, FL 33510-2725 CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE ☐ Delete TITLE SUSAN-HOWE -WOLFE, WILLIAM NAME NAME 139 BARRINGTON DR. 408 DALI DRIVE STREET ADDRESS STREET ADDRESS BRANDON, FL 33511 BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE **TO**Flete TITLE Change ☐ Addition KGERPER, PATRICE 1418 TWERTON DR KOERPER, PATRICE NAME NAME 1418 TIVERTON DRIVE STREET ADDRESS STREET ADDRESS BRAXDOK, FL 33511 BRANDON FL 33511 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KNOX, BEVERLY NAME NAME 508 S BRYAN CIRCLE STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DAWSON, BETTY NAME NAME 101 MARY KAY CT. STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP

FILED

arda 4/16/04 (813)689-6626 SIGNATURE: C. ANNE GARCIA

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.