2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT #714869** 04-26-2004 91012 044 ****61.25 1. Entity Name FRIENDS OF ST PETERSBURG BEACH PUBLIC LIBRARY, INC. Principal Place of Business Mailing Address 365 73RD AVENUE 365-73RD AVE ST. PETERSBURG BEACH, FL 33706 ST PETE BCH, FL 33706 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 59-6216588 Not Applicable 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 WHIPPLE, ROBERTA Street Address (P.O. Box Number is Not Acceptable) 365 73RD AVENUE ST. PETERSBURG BCH, FL 33706 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. the obligations of registered agent. SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2004 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE İΠE ☐ Delete Change Addition NAME TRAIMAN, STEVE NAME 420 64TH ÁVE. #706 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PÉTERSBURG BEACH, FL 33706 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NEWARK, PATRICIA E NAME MANAGE STREET ADDRESS 4545 PLAZA WAY STREET ADDRESS CTTY-ST-ZIP ST. PETERSBURG BEACH, FL 33706 CITY-ST-ZIP TITLE Delete SMITH, NORMAN R... 600 55TH AVE. Addition ☐ Change MALE FONTAINE, SUE STREET ADORESS 6500 SUNSET WAY, #A 117 STREET ADORESS ST PETE BCH, FL 33706 ST. PETE BEACH, FL 33707 CITY-ST-ZIP CITY-ST-ZIP 1111 F Delete TITLE ☐ Addition NAME PETERS, MERL NAME STREET ADDRESS 360 CAPRI BLVD., #1 STREET ADDRESS CITY-ST-ZP TREASURE ISLAND, FL 33706 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 817, 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.

TITLE

NAME

TITLE

MAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CTTY-ST-ZIP

TITLE

CORBETT, CLIFTON

LOCKWOOD, MILLIE

4991 BECOPA LANE, #101

8931 BLIND PASS RD., #262

SAINT PETERSBURG, FL 33715

SAINT PETERSBURG BEACH, FL 33706

☐ Delete

☐ Delete

124.04

CORBETT, CLIFTON

T. PETERSBURG, FL

4991 BA COPA LN.S. #101

XI Change

☐ Change

33715

☐ Addition

Addition

FILED