4/1(

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
04-10-2001 90076 044 ****61.25

DOCUMENT # 720506

1. Entity Name

FRIENDS OF THE GULFPORT PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
LIBRARY INC 5501 28TH AVE SO GULFPORT FL 33707	LIBRARY INC 5501 28TH AVE SO GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

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 23-7112791 ☐ Applied For ☐ Not Applicable

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
ROHDE RONDE, MIRIAM 5501 23RD AVE S SAINT PETERSBURG FL 33707	Name ROHDE, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 5501 23rd Ave S. St PETERSBURG, FL 33707 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.P. ALLEN, JUANITA 5980 SHORE BLVD S. GULFPORT FL 33707 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROHDE, MIRIAM, Pres. ☒ Change ☐ Addition 5955 30th Av S #114 GULFPORT FL 33707 D.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~FVP~~ ROHDE, MIRIAM 5955 30TH AVE S. #114 GULFPORT FL 33707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COVINGTON, JOHN, 1ST V.P. ☒ Change ☐ Addition 5955 30th Av S #402 GULFPORT, FL 33707 D.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP GLOZAK, BARBARA 6012 TANGERINE AVE. S. GULFPORT FL 33707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GLOZAK, BARBARA, 2nd V.P. ☐ Change ☐ Addition 6012 TANGERINE AV-S GULFPORT, FL 33707 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~I FVP~~ ~~COVINGTON, JOHN~~ BARBARA AIRTEE ~~5955 30 AVE S, #402~~ 2010 54th ST GULFPORT FL 33707 ☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PATRICIA WOOTEN, SEC. ☐ Change ☐ Addition 6020 SHORE BLVD So. #511 GULFPORT, FL. 33707 D.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ~~WOLLAM, DON~~, LUCILLE SUNDEEN ~~1125 60 ST. SO.~~ 5950 PELICAN BAY PLAZA GULFPORT FL 33707 ☒ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAROLINE LAYTON, TREAS ☐ Change ☐ Addition 5950 PELICAN BAY PLAZA #904 GULFPORT, FL 33707 D.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BIGGS, JANE~~ SUSAN ANDREWS ~~1015 59TH ST. S.~~ 2532 BEACH BLVD GULFPORT FL 33707 ☒ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.P. JUANITA ALLEN 5980 SHORE BLVD S. GULFPORT FL. 33707 ☐ Change ☐ Addition D.

CR2E037 (10/00)

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: Miriam R. Rohde MIRIAM R. ROHDE President 4/5/01 (727)343-0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #