

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90168 045 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7112791

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

RONDE MIRIAM
5501 23RD AVE S
SAINT PETERSBURG FL 33707

Name: Ellen Briggs
Street Address: 4939 27th Ave So.
City: Gulfport, FL Zip Code: 33707

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: Ellen Briggs, Ellen Briggs, Treasurer

4-12-02

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PPD	ALLEN, JUANITA	5980 SHORE BLVD. S	GULFPORT FL 33770	change
FVP	ROHDE, MIRIAM	5955 30TH AVE S, #114	GULFPORT FL 33707	delete <input checked="" type="checkbox"/>
2VPD	GLOZAK, BARBARA	6012 TANGERINE AVE. S.	GULFPORT FL 33707	change <input type="checkbox"/>
1VPD	COVINGTON, JOHN	5955 30 AVE S, #402	GULFPORT FL 33707	change <input type="checkbox"/>
BT	SANDEEN, LUCILLE	5450 PELICAN BAY PLAZA	GULFPORT FL 33707	Secretary Pat Wooten. <input checked="" type="checkbox"/>
D	ANDREWS, SUSAN	2532 BEACH BLVD. S	GULFPORT FL 33707	same <input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President	John Covington	5955 30 AVE S, #402	Gulfport FL 33707	<input checked="" type="checkbox"/>
First VP	Pearl Fellman	6020 Shore Blvd S, #812	Gulfport, FL 33707	<input checked="" type="checkbox"/>
Second VP	Dorothy Blades	4763 Baywood Pt. Dr. So	Gulfport, FL 33711	<input type="checkbox"/>
Director	Juanita Allen	5980 Shore Blvd S	Gulfport 33707	<input type="checkbox"/>
Director	Barbara Glozak	6012 Tangerine Ave. S.	Gulfport, FL 33707	<input checked="" type="checkbox"/>
Treasurer	Ellen Briggs	4939 27th Ave South	Gulfport, FL 33707	<input type="checkbox"/>

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: Ellen Briggs, Treasurer 4-12-02 327 2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)