


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

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90269 008 \*\*\*\*61.25

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # 720506</b>   |   |    |   |
| <b>1. Entity Name</b><br>FRIENDS OF THE GULFPORT PUBLIC LIBRARY, INC.  |   |   |   |
| <b>Principal Place of Business</b><br>LIBRARY INC<br>5501 28TH AVE SO<br>GULFPORT FL 33707   |   | <b>Mailing Address</b><br>LIBRARY INC<br>5501 28TH AVE SO<br>GULFPORT FL 33707  |   |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BRIGGS, ELLEN<br>4939 27TH AVE SO<br>GULFPORT FL 33707   |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><br>FL Zip Code |   |
| <b>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.</b> |   |   |   |
| SIGNATURE <u>Ellen Briggs</u>  |   | DATE <u>2/27/04</u>   |   |
| Signature, typed or printed name of registered agent and title if applicable.  |   | (NOTE: Registered Agent signature required when reinstating)  |   |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                           |   |
|  |   | <b>Make Check Payable to Florida Department of State</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>COVINGTON, JOHN<br>5955 30 AVE S #402<br>GULFPORT FL 33707 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Elba Caudales<br>6020 Shore Dr SO<br>Gulfport, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | FVP<br>FELLMAN, PEARL<br>6020 SHORE BLVD S #812<br>GULFPORT FL 33707 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Nancy Strong<br>5414 30th Ave SO<br>Gulfport, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2VPD<br>BLADES, DOROTHY<br>4763 BAYWOOD PT DR S<br>GULFPORT FL 33711 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>Pat Strong<br>5414 30th Ave SO<br>Gulfport FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ALLEN, JUANITA<br>5980 SHORE BLVD S<br>GULFPORT FL 33707 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GLOZAK, BARBARA<br>6012 TANGERINE AVE S<br>GULFPORT FL 33707 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BRIGGS, ELLEN<br>4939 27TH AVE S<br>GULFPORT FL 33707 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

**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 2/27/04 3272028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #