

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90026 031 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     |                                                                                                                                                                                   |                                                                                      |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 722566</b><br>1. Entity Name<br><b>FRIENDS OF THE WILTON MANORS LIBRARY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     |                                                                                                                                                                                   |     |                                                                              |
| Principal Place of Business<br><b>500 N.E. 26TH STREET<br/>WILTON MANORS, FL 33305</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                |                                                                                     | Mailing Address<br><b>500 N.E. 26TH STREET<br/>WILTON MANORS, FL 33305</b>                                                                                                        |                                                                                      |                                                                              |
| 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<br><b>59-2679922</b>                                                   |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |                                                                                     |                                                                                                                                                                                   | <b>\$8.75 Additional Fee Required</b>                                                |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                       |                                                                                      |                                                                              |
| <b>ELLINGTON, JAMES W.<br/>2215 CYPRESS ISLAND DRIVE, APT.606<br/>POMPAÑO BEACH, FL 33069</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                     | Name <b>KATHLEEN E. FRENCH</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1809 CORAL GARDENS DR</b><br>City <b>WILTON MANORS</b> <b>FL</b> Zip Code <b>33306</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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |                                                                                     |                                                                                                                                                                                   |                                                                                      |                                                                              |
| SIGNATURE <i>Kathleen E French</i> DATE <b>2/11/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                     |                                                                                                                                                                                   |                                                                                      |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | 9. Election Campaign Financing<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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                                                     |                                                                                                                                                                                   |                                                                                      |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.                                                                                                                            |                                                                                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PD<br/>ROUSER, ANITA<br/>217 NE 22ND STREET<br/>WILTON MANORS, FL 33305</b>                 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                    | <b>PD<br/>FRENCH, KATHLEEN<br/>1809 CORAL GARDENS DR<br/>WILTON MANORS, FL 33306</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TD<br/>ELLINGTON, JAMES W.<br/>2215 CYPRESS ISLAND DRIVE, APT.606<br/>POMPAÑO BEACH, FL</b> | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                    | <b>SD, T<br/>LANCASTER, ARLENE<br/>3309 NW 8 AVE<br/>WILTON MANORS, FL 33311</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SD<br/>FRENCH, KATHLEEN<br/>1809 CORAL GARDENS DRIVE<br/>WILTON MANORS, FL 33306</b>        | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP<br/>KUTA, PAUL<br/>500 NE 28TH STREET<br/>WILTON MANORS, FL 33334</b>                    | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <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. |                                                                                                |                                                                                     |                                                                                                                                                                                   |                                                                                      |                                                                              |
| <b>SIGNATURE:</b> <i>Kathleen E French</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                     | Date <b>2/11/04</b> <b>954-565-1445</b><br><small>Daytime Phone #</small>                                                                                                         |                                                                                      |                                                                              |