2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 722566

1. Entity Name
FRIENDS OF THE WILTON MANORS LIBRARY, INC.

Principal Place of Business	Mailing Address
500 N.E. 26TH STREET WILTON MANORS, FL 33305	500 N.E. 26TH STREET WILTON MANORS, FL 33305

DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2679922
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRENCH, KATHLEEN E
1809 CORAL GARDENS DR
WILTON MANORS, FL 33306

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRENCH, KATHLEEN
STREET ADDRESS	1809 CORAL GARDENS DR.
CITY-ST-ZIP	WILTON MANORS, FL 33306
TITLE	SDT
NAME	LANCASTER, ARLENE
STREET ADDRESS	2209 NW 2 AVE
CITY-ST-ZIP	WILTON MANORS, FL 33311
TITLE	VP
NAME	KUTA, PAUL
STREET ADDRESS	500 NE 28TH STREET
CITY-ST-ZIP	WILTON MANORS, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80093-017 61.25

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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: Kathleen E French 1/6/2005 954-765-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathleen E. French