

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-23-2003 90136 043 ****61.25

DOCUMENT # 727783

1. Entity Name

FRIENDS OF THE BLAKE LIBRARY IN STUART, INC.



Principal Place of Business

2351 SE MONETREY RD
STUART FL 34994

Mailing Address

2351 SE MONETREY RD
STUART FL 34994

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 **59-6155142**

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

Name **CARROZZA, PAMELA**

Street Address (P.O. Box Number is Not Acceptable)
7248 S. MAGELLEN RD

City **STUART**

FL

Zip Code
84997

ZIGGLER, BILL
17 EMARITA WAY
STUART FL 34996

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

Pamela M Carrozza

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PED**
NAME **CARROZZA, PAMELA D** ☐ Delete
STREET ADDRESS **7248 SEMAGELLEN DR**
CITY-ST-ZIP **STUART FL 34997**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD**
NAME **O'CONNOR, MAUREEN D** ☐ Delete
STREET ADDRESS **14 EMARITA WAY**
CITY-ST-ZIP **STUART FL 34996**

TITLE **PRESIDENT ELECT D** ☐ Change ☒ Addition
NAME **KRISTY DODGE**
STREET ADDRESS **2100 E. OCEAN BLVD**
CITY-ST-ZIP **STUART FL 34996**

TITLE **BPO**
NAME **BARCK, NINA** ☒ Delete
STREET ADDRESS **24 N VIA LUCINDIA**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD**
NAME **ZIEGLER, WILLIAM** ☒ Delete
STREET ADDRESS **17 EMERITA WAY**
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD**
NAME **DONOHUE, EDITH D** ☐ Delete
STREET ADDRESS **144 NE EDGEWATER DR #3103**
CITY-ST-ZIP **STUART FL 34996**

TITLE **PAST PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **HICKS, APRIL** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER D** ☐ Change ☒ Addition
NAME **HICKS, APRIL**
STREET ADDRESS **83 FLAGLER AVE**
CITY-ST-ZIP **STUART FL 34994**

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:

Pamela M Carrozza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

Date

Daytime Phone #

CR2037 (10/02)