

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

9/18/2003-90029-024-\$61.25-\$61.25

DOCUMENT # 728179

1. Entity Name

FRIENDS OF THE PENSACOLA PUBLIC LIBRARY, INC.



03 SEP 29 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

200 WEST GREGORY ST.  
PENSACOLA FL 32501

Mailing Address

ATTN: ANN MCINTYRE  
800 NORTH 12TH AVENUE  
PENSACOLA FL 32501

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-7368565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAER, GAIL F.  
1775 E. TEXAR DRIVE  
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

ANN SEARS

Street Address (P.O. Box Number is Not Acceptable)

6160 N. DAVIS HWY, Ste 7

City

Pensacola FL

FL

Zip Code

32504

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

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

After September 10, 2003, min will be \$236.25

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

TITLE PD  
NAME PEPPLER, CHARLIE  
STREET ADDRESS 281 BEACON RD  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE VPD  
NAME JESMONTH, TERRI  
STREET ADDRESS 328 DEERPOINT DR  
CITY-ST-ZIP GULF-BREEZE FL 32561 ☐ Delete

TITLE SD  
NAME NORGH, DAN  
STREET ADDRESS 8819 N DAVIS HWY 70  
CITY-ST-ZIP PENSACOLA FL 32514 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE VD  
NAME Donna Walters  
STREET ADDRESS 438 E. Government St.  
CITY-ST-ZIP Pensacola, FL 32501 ☐ Change ☒ Addition

TITLE TD  
NAME Ann Sears  
STREET ADDRESS 6160 N. Davis Hwy, Suite 7  
CITY-ST-ZIP Pensacola, FL 32504 ☐ Change ☒ Addition

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

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/03

Date

850-479-1040

Daytime Phone #

CR2E037 (4/03)

9/30