

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90093 030 ****61.25

DOCUMENT # 737848

1. Entity Name
FRIENDS OF THE GULF GATE LIBRARY, INC.



Principal Place of Business
**7112 CURTISS AVE.
SARASTOA FL 34231**

Mailing Address
**7112 CURTISS AVE.
SARASTOA FL 34231**

90009671



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1719248**
Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**KEENEY, JIM D.
2070 RINGLING BLVD.
SARASOTA FL 34237**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 Delete
NAME **PD BALEKOJIAN, ANNE**
STREET ADDRESS **4730 OLD FARM RD**
CITY-ST-ZIP **SARASOTA FL 34233**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME ~~GIACOBBS, MAXINE~~
STREET ADDRESS **3400 MONTE VERDE**
CITY-ST-ZIP **SARASOTA FL 34238**

CORRECTION

Change Addition
TITLE
NAME **GIACOBBS, MAXINE**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S KINNEY, FLORENCE**
STREET ADDRESS **4136 BOWLING GREEN CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34233**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD MARSHALL, A.E.**
STREET ADDRESS **3825 TORREY PINES BLVD.**
CITY-ST-ZIP **SARASOTA FL**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *S.A. Marshall* **RED** 1/22/2002 (941) 928-2213

CR2E037 (10/02)