

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90013 006 ****61.25

DOCUMENT # 739862

1. Entity Name
FRIENDS LIBRARY OF PUNTA GORDA, INC.



Principal Place of Business
424 W. HENRY ST.
PUNTA GORDA, FL 33950

Mailing Address
424 W. HENRY ST.
PUNTA GORDA, FL 33950

54016495



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1787924

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

MCDONALD, BETTY
801 MONACO DRIVE
PUNTA GORDA, FL 33950

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 PD
NAME SHATTUCK, PENNY ☒ Delete
STREET ADDRESS 1024 SAN MATEO
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE DD ☒ Change ☐ Addition
NAME Benson, Sara
STREET ADDRESS 69 Ocean Dr
CITY-ST-ZIP Punta Gorda FL 33950

TITLE VP ☐ Delete
NAME BENSON, SARA
STREET ADDRESS 69 OCEAN DR
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE UP ☒ Change ☐ Addition
NAME Shattuck, Penny
STREET ADDRESS 1024 San Mateo
CITY-ST-ZIP Punta Gorda FL 33950

TITLE TD ☐ Delete
NAME NEDERVELD, MARGARET A
STREET ADDRESS 1640 ATARES DR # 15
CITY-ST-ZIP PUNTA GORDA, FL 33950

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

TITLE SD ☐ Delete
NAME EZRA, RHODA
STREET ADDRESS 5024 CAPTIVA CT
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE SD ☒ Change ☐ Addition
NAME Foster, Chris
STREET ADDRESS 53 Hibiscus Dr
CITY-ST-ZIP Punta Gorda FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Margaret Nederveld*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

Date

941-639-3580

Daytime Phone #

Margaret A Nederveld