



FILED
Mar 08, 2005 8:00 am
Secretary of State

(b) (5) DPP, (b) (7)(C), (b) (7)(D)

DOCUMENT # 739862				Mar 08, 2005 8:00 am Secretary of State 03-08-2005 90162 002 ****61.25	
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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)	
City & State		City & State		4. FEI Number 59-1787924	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONALD, BETTY 801 MONACO DRIVE PUNTA GORDA FL 33950				7. Name and Address of New Registered Agent Name: FOSTER, CHRIS Street Address (P.O. Box Number is Not Acceptable): 53 Hibiscus Dr. City: PUNTA GORDA, FL Zip Code: 33950	
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: CHRIS FOSTER (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/2/05					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: BENSON, SARA STREET ADDRESS: 69 OCEAN DR. CITY-ST-ZIP: PUNTA GORDA FL 33950 <input type="checkbox"/> Delete			TITLE: PD NAME: PENNY SHATTUCK STREET ADDRESS: 1024 SAN MATEO CITY-ST-ZIP: PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VP NAME: SHATTUCK, PENNY STREET ADDRESS: 1024 SAN MATEO CITY-ST-ZIP: PUNTA GORDA FL 33950 <input type="checkbox"/> Delete			TITLE: VP NAME: RHODA EZRA STREET ADDRESS: 5024 CAPTIVA CT. CITY-ST-ZIP: PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: TD NAME: NEDERVELD, MARGARET A STREET ADDRESS: 1640 ATARES DR # 15 CITY-ST-ZIP: PUNTA GORDA FL 33950 <input type="checkbox"/> Delete			TITLE: TD NAME: THELMA LINDBERG STREET ADDRESS: 1242 WINWARD CT. CITY-ST-ZIP: PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: SD NAME: FOSTER, CHRIS STREET ADDRESS: 53 HIBISCUS DR CITY-ST-ZIP: PUNTA GORDA FL 33950 <input type="checkbox"/> Delete			TITLE: SD NAME: CHRIS FOSTER STREET ADDRESS: 53 HIBISCUS DR. CITY-ST-ZIP: PUNTA GORDA, FL 33950 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete			TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete			TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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: Thelma Lindberg (Signature and typed or printed name of signing officer or director) Date: Mar 2, 2005 (941) 639-3754 Daytime Phone #					