

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

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90044 050 ****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**

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 **59-1787924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAUSTER, JOHN	
STREET ADDRESS	131 HIBISCUS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZAPKE, MAUREEN	
STREET ADDRESS	P O BOX 510958	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEDERVELD, MARGARET A	
STREET ADDRESS	1640 ATARES DR # 15	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HORSTMAN, PEGGY	
STREET ADDRESS	1215 APPIAN WAY	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Penny Shattuck	
STREET ADDRESS	1024 San Mateo	
CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sara Benson	
STREET ADDRESS	64 Ocean Dr	
CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rhoda EZRA	
STREET ADDRESS	5024 Captiva Ct	
CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 A. Nederveld

7-10-03

941-639-3580

CR2E037 (4/03)