2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 739925

1. Entity Name
FRIENDS OF THE NEW SMYRNA BEACH REGIONAL LIBRARY INC.

Principal Place of Business	Mailing Address
1001 S DIXIE FWY NEW SMYRNA BEACH, FL 32168 US	1001 S DIXIE FWY NEW SMYRNA BEACH, FL 32168 US

DO NOT WRITE IN THIS SPACE

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2504339
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOWES, SUZAN J
1001 S DIXIE HWY
NEW SYMRNA BEACH, FL 32168

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOWLING, PATRICIA
STREET ADDRESS	48 FORE DR
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	VPD
NAME	GRAHER, BETTY
STREET ADDRESS	3700 S ATLANTIC AVE #111
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	CSD
NAME	CESAN, GINNY
STREET ADDRESS	5 ANDREA DR
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	TD
NAME	TAYLOR, JIM
STREET ADDRESS	827 EVERGREEN ST.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/04-80042-002 61.25

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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: Jim Taylor JIM TAYLOR, TREASURER 01/12/04 386-427-8446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #