


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90066 007 ****61.25

DOCUMENT # 745789 1. Entity Name FRIENDS OF THE LIBRARY OF BONITA SPRINGS, FLORIDA, INC.					
Principal Place of Business FLORIDA, INC. 26876 PINE AVE BONITA SPRINGS, FL 33923			Mailing Address P.O. BOX 366334 BONITA SPRINGS, FL 34136 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
QUANDT, JUDITH 3081 LAUREL RIDGE COURT BONITA SPRINGS, FL 34134				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	T BRUCKNER, BEVERLY 26846 WYNDHURST COURT BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D GELLY, LORRAINE 3891 WINDWARD PASSAGE CIRCLE, #201 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUANDT, JUDITH 3081 LAUREL RIDGE COURT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, DAN 11060 ORANGEWOOD DRIVE BONITA SPRINGS, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAVADEL, DOROTHY 26945 PIVA COURT BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, PENNY 13690 SOUTHAMPTON DRIVE BONITA SPRINGS, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GELLY, LORRAINE 3891 WINDWARD PASSAGE CIRCLE, #201 BONITA SPRINGS, FL 34134 <input checked="" 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	D CHANEY, RUTHQ 11313 DEAN ST. BONITA SPRINGS, FL 34135 <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: <i>Judith Ann Quandt President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/7/04 239-992-2868 <small>Date Daytime Phone #</small>		

JUDITH ANN QUANDT, PRESIDENT