NOT-FOR-PROFIT CORPORATION

Mar 20, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** 03-06-2003 90138 002 ****61.25 DOCUMENT # 752434 1. Entity Name FRIENDS OF THE LIBRARIES OF INC. 797019861 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1520 Pt. MAlabar Blvd N Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PALM BAY, FL 32905 City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32905 Fee Required 7. Name and Address of Current Registered Agent Namp()RTNOWITZ, PATRICIA DONOTWRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Malabar B lvd. NE 1520 Pt. ²92995 Palm Bay 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FEE IS \$81.25 Trust Fund Contribution. Added to Fees Fiorida Department of State initial or Amended UBR OFFICERS AND DIRECTORS 10. mie CR2E037B (12/02) Evelyn Gast mu Pres NAME 1646 Dawes Rd. NE STREET ADDRESS STREET ADDRESS Palm Bay, FL 32905 CITY-ST-ZIP CITY-ST-ZIP ाम है Norma Williams **VP** NAME NAME 998 Briarwood Blvd. NE STREET ADDRESS Palm Bay, FL 32905 CITY-ST-ZIP MIE AB Fran_Sentner NAME 220 Charm Ct. NE STREET ADDRESS DONOTWRITE Palm Bay, FL 32905

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 on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS CITY-ST, 7P.

STREET ADDRESS

mle

SIGNATURE: Evelyn D. Gast

Joyce Batti

Kim Heitsch

Rose Cillis

920 Fulton Ln. NE

Palm Bay, FL 32905

Palm Bay, FL 32909

1491 Sandusky St.

Palm Bay, FL 32909

1755 Plantation Cir. SE

CITY-ST-7/P

TITLE SD NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CSec

CITY-ST-ZIP TITLE

NAME

CITY-ST-ZIP

TITLE TD NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>321-676-5825</u>

IN THIS SPACE

FILED