PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.

| | | | | | | - | 1 | | FILED | , | | |
|---|--------------------------------------|----------------------------------|---------------------------------------|--|------------------------------------|---------------------|---|--------------------------|------------------|---------------------------------------|------------|---------------------------|
| | RPORATION STATEMEN | | | ecretar | TMENT (y of State ORPORATIO | 9 | 1 | SECR | ETAHY (| H : : F STATE FLORID | Ē | • |
| DOCUMENT # 75 3 7.3 4 1. Corporation Name | | | | | | | | 1/30.1-/31 | HADER IN | + EQTING | | |
| Friends of the Palm Beach County Public Library, Inc. | | | | | | | الما عد المار ا | | er, i | | ر 1 | ng-63 |
| 2 Principa | Office Address: | | 3 Mailing Of | office Address | | | | | | | | 1) |
| ' | | | | | | | 900023670939 10/09/0301064030 **481.25 | | | | | |
| | | BIVU. | 3650 Summit Blvd. Suite, Apt. #, etc. | | | 107.097 | เกละค | 11064 | U3U 🎨 | *481. | <u>ದ</u> ರ | |
| Suite, Apt. #, etc. Suite, | | | | чрт. #, өтс. - | | | Date Incorporated or Qualified To Do Business in Florida 8 – 12 – 1980 | | | | | |
| City & State | په چيټ سبب ۱۰۵۰۰ | والمهرد المصاديق | _City & State | The same of the sa | | | *5. FEI Nümber | | | | | |
| | | | West Palm Beach, FL | | | 59-2038524 | | | | \vdash | Applicable | |
| 334 | 106 2 | 1 S A | 334 | 16 | | SH | G. CERTIFICATE | OF STATU | S DESIRED [| | | Fee required of Status |
| | | | 7. Na | ame and A | ddress of (| Current Register | ed Agent | | | | | |
| İ | Name | | | | | | | | | | | |
| | | erry W. B | | | | | | | | | | |
| | | P.O. Box Number is No Summit Blv | | | | | | | | | | |
| i | Suite, Apt. #, Etc. | | | | | | • | | | | | |
| | City West | Palm Beach | 1 | | | | | State FL | Zip Code 3340 | | | |
| 8. I, being | appointed the regis | ered agent of the above | e named corpor | ation, am | amiliar with | and accept the of | oligations of section | on 607.050 | 05 or 617.05 | 03, F.S. | | |
| | | 1/1 | | | _ | • | · | | | | | 2 |
| Signature of Registered Agent Date 9/30/03 | | | | | | | | | i | | | |
| | | RE | GISTERED AGE | ENT MUST | SIGN | | | | | | | ' |
| 9. Names | and Street Address | ses of Each Officer and | or Director (Flor | rida nonpro | ofit corporation | ons must list at le | ast 3 directors) | | | | | |
| Titles | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | | City / State / Zip | | | | |
| PD | Betty B. Bell | | | 467 Capistrano Drive | | | | Palm Bch-Grdns, FL 33410 | | | | |
| VPD | Thalia Becak | | | 4717 Rainbow Drive | | | | Greenacres,FL 33463 | | | | |
| TD | Simone Hebert | | | 3529 Cheetham Hill Blvd | | | | West Palm Bch,FL 33470 | | | | |
| D | Jill Kadingo | | | 259 E River Park Drive | | | Jupiter, FL 33477 | | | | | |
| D | George Feirstein | | | 515H Floria Way | | | Boynton Bch, FL 33437 | | | | 3437 | |
| D | Rosalie M. Krasnow | | | 7378 Pine Forest Circle | | | Lake Worth,FL 33467 * | | | | | |
| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. | | | | | | | | | | | | |
| SIGNATURE: Betty B. Bell Total Total 9/26/03 (561)622-0242 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone # | | | | | | | | | | | | |
| 1 | | | ~ . ~ | | | | | | | | | |

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Friends of the Palm Beach County Public Library, Inc.

FEI# 59-2038524

Listing of the Board of Directors (continued)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City/State/Zip | | | |
|----------|--------------------------------------|---|--------------------------|--|--|--|
| D | Juanita J Malone | 2524 Stonegate Drive | Wellington, FL 33414 | | | |
| D | Lois Mickelson | 618 Parkway Court | Greenacres, FL 33413 | | | |
| D | Yvonne Peters | 3354 Meridian Way S. #C | Palm Bch Grdns, FL 33410 | | | |
| <u>D</u> | Joyce Smith | 13109 Meadowbreeze Drive | Wellington, FL 33414 | | | |
| D | Marvin Stevens | 4725 N. Palma Circle | West Palm Bch, FL 33415 | | | |
| D | Janet E. Wilkins | 8 Lexington Lane, Bldg G | Palm Bch Grdns, FL 33418 | | | |

9/26/03