

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90133 019 ****61.25

DOCUMENT # 756623

1. Entity Name

THE MELROSE LIBRARY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

312 WYNWOOD
 MELROSE FL 32666
 US

PO BOX 54
 MELROSE FL 32666
 US

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

58-9128802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLENSWORTH, THOMAS M JR
6228 DOGWOOD LANE
MELROSE FL 32666

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.

Thomas M. Allensworth, Jr.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Delete
 NAME **BARTLETT, CHARLES**
 STREET ADDRESS **125 QUAIL LANE**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **V** ☒ Change ☐ Addition
 NAME **Giesel, Tenn**
 STREET ADDRESS **6221 Dogwood Ln**
 CITY-ST-ZIP **Melrose, FL 32666**

TITLE **T** ☐ Delete
 NAME **ALLENSWORTH, THOMAS M JR**
 STREET ADDRESS **6228 DOGWOOD LANE**
 CITY-ST-ZIP **MELROSE FL 32666**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **WOLFE, VALERIE**
 STREET ADDRESS **125 HOOD GRASS CIRCLE**
 CITY-ST-ZIP **MELROSE FL 32666**

TITLE **S** ☒ Change ☐ Addition
 NAME **Singletary, JANICE**
 STREET ADDRESS **6015 Quail St**
 CITY-ST-ZIP **Melrose, FL 32666**

TITLE **PD** ☒ Delete
 NAME **WARREN, KATHI**
 STREET ADDRESS **500 GROVE STREET**
 CITY-ST-ZIP **MELROSE FL 32666**

TITLE **P** ☒ Change ☐ Addition
 NAME **CORR, SUNNY**
 STREET ADDRESS **6202 HAMPTON St**
 CITY-ST-ZIP **Melrose, FL 32666**

TITLE **D** ☒ Delete
 NAME **LUCAS, TOM**
 STREET ADDRESS **5920 LEXINGTON AVENUE**
 CITY-ST-ZIP **MELROSE FL 32666**

TITLE **D** ☒ Change ☐ Addition
 NAME **Renzelman, Peggy**
 STREET ADDRESS **6102 Quail St**
 CITY-ST-ZIP **Melrose, FL 32666**

TITLE **D** ☒ Delete
 NAME **BURT, AL**
 STREET ADDRESS **10 LONG LAKE ROAD**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **D** ☒ Change ☐ Addition
 NAME **Whiting, Pamela K.**
 STREET ADDRESS **8109 NE 221 St**
 CITY-ST-ZIP **Melrose, FL 32666**

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: *THOMAS M. ALLENSWORTH, JR.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 475-2926

CR2E037 (9/01)