

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765532

FILED
Jan 27, 2004
Secretary of State

Entity Name: FRIENDS OF THE LAKE PLACID PUBLIC LIBRARY, INC.

Current Principal Place of Business:

47 PARK DRIVE
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

47 PARK DRIVE
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 59-2238549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANLEY, MARK
59 NOBSELDANE AVE 4
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANLEY, MARK
Address: PO BOX 1830
City-St-Zip: LAKE PLACID, FL 33852

Title: V () Delete
Name: FAWLEY, ALBERTA
Address: PO BOX 1468
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: WORLEY, ROBIN
Address: 519 LAKESIDE DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: FALVEY, MILLICENT
Address: 154 LAKE FRANCIS DT
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: GILMORE, MARION
Address: 1228 LAKE CLAY DR.
City-St-Zip: LAKE PLACID, FL 33852

Title: T () Delete
Name: GATES, CHESTER
Address: 757 LAKE JUNE RD
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILLICENT FALVEY

MRS

01/27/2004

Electronic Signature of Signing Officer or Director

Date