## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Mar 17, 2003 8:00 am Secretary of State DOCUMENT # 767239 1. Eritity Name 03-17-2003 90102 012 \*\*\*\*61.25 FRIENDS OF THE ORMOND BEACH PUBLIC LIBRARY, INC. Principal Place of Business Mailing Address %30 S. BCH. ST. %30 S. BCH. ST. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2301462 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRAJOON CASTARDO-JONES, REBECCA F 30 SOUTH BEACH ST ORMOND BEACH LIBRARY ORMOND BEACH FL 32174 City DRMOND 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. MAR 2007 SIGNATURE 2 gnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE I\$ \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE 1: Delete TITLE PRESIDENT ☐ Change X Addition NAME STALNAKER, RUTH C NAME GERALD BRANDON 1 FAWN PAGES WAY STREET ADDRESS 30 S BEACH STREET STREET ADDRESS CITY-ST-ZIP **ORMOND BEACH FL 32174** CITY-ST-ZIP 32174 ORMOND BEACH TITLE ☐ Delete VIRECTOR TITLE Change Addition NAME RILEY, MARGARET RILEY MARGARET 1544 POPLAR DR. NAME STREET ADDRESS 1566 POPLAR DR. STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 FIRST=VICE PRESIDENT Change **ORMOND BEACH FL 32174** CITY-ST-ZIP SVPD TITLE Delete: TITLE **Addition** NAME WATHEM, THAD MARY ALICE O'NEAL NAME 192 50, HALIFAXO DR. STREET ADDRESS 30 SOUTH BEACH STREET STREET ADDRESS CITY-ST-ZIP 32174 ORMOND BEACH FL 32174 CITY-ST-ZIP DRMOND BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP : City-st-zip TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

11 MAR 2003

386-299-3930

**FILED**