

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90193 033 ****61.25

DOCUMENT # 770669

1. Entity Name

FRIENDS OF EMILY TABER LIBRARY, INC.

Principal Place of Business

Mailing Address

14 MCIVER AVENUE WEST
 MACLENNY, FL 32063

14 MCIVER AVENUE WEST
 MACLENNY FL 32063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3052155

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MALONEY, FRANK E., JR., ESQ.
5 W. MACLENNY AVENUE
MACLENNY FL 32063

Name

Street Address (P.O. Box Number is Not Acceptable)

CHANGE TO:

445 EAST MACLENNY AV

City

MACLENNY

FL

Zip Code

32063

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.

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 Delete
 NAME **PD MCCOLLUM, O.O.**
 STREET ADDRESS **CO. RD 125 SO/PO BOX 604 N/A**
 CITY-ST-ZIP **GLEN ST. MARY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **7616 C.R. 125 SOUTH**
 CITY-ST-ZIP **GLEN ST. MARY, FL 32040**

TITLE Delete
 NAME **VD COVIN, MARY**
 STREET ADDRESS **HWY 121 S & LEWIS COLVIN**
 CITY-ST-ZIP **MACLENNY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **5323 LEWIS COVIN RD.**
 CITY-ST-ZIP **MACLENNY, FL 32063**

TITLE Delete
 NAME **STD HINES, GLENDA**
 STREET ADDRESS **RT 1 BOX 266 N/A**
 CITY-ST-ZIP **SANDERSON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **23553 C.R. 125 NORTH**
 CITY-ST-ZIP **SANDERSON, FL 32087**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: **GLENDA HINES** *Glenda J. Hines* 4/09/02 (904) 259-7315
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)