

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90083 026 ****61.25

DOCUMENT # N00000003999

1. Entity Name

FRIENDS OF THE WEST ORANGE LIBRARY, INC.

Principal Place of Business

Mailing Address

**150 TEMPLE GROVE DRIVE
 WINTER GARDEN FL 34787**

**150 TEMPLE GROVE DRIVE
 WINTER GARDEN FL 34787**

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 **59-3724877**
APPLIED FOR

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

**HINSON, WILLIAM H
 150 TEMPLE GROVE DRIVE
 WINTER GARDEN FL 34787**

Name **Theodore H. Van Deventer**

Street Address (P.O. Box Number is Not Acceptable)
1550 Coluso Drive

City **Winter Garden** **FL** Zip Code **FL**

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 *Theodore H. Van Deventer*
 Signature, typed or printed name of registered agent and title if applicable.

Theodore H. Van Deventer, Vice Pres.

4/18/02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 **PD** Delete
 NAME **HINSON, WILLIAM H**
 STREET ADDRESS **150 TEMPLE GROVE DRIVE**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **VAN DEVENTER, THEODORE H**
 STREET ADDRESS **1550 COLUSO DRIVE**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **DUDLEY, HARRY O**
 STREET ADDRESS **707 TANGERINE COURT**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **VAN DEVENTER, MARY**
 STREET ADDRESS **1550 COLUSO DRIVE**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CAPPLEMAN, W.FRANKLIN**
 STREET ADDRESS **955 W PLANT STREET**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ACTON, GLENDA S**
 STREET ADDRESS **202 TILDENVILLE SCHOOL ROAD**
 CITY-ST-ZIP **LEESBURG FL 34788**

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: *Theodore H. Van Deventer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 **407 656-1900**
 Date Daytime Phone #

CR2E037 (9/01)

0056057