

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90256 004 ****61.25

0089408

DOCUMENT # N00000007266

1. Entity Name

FRIENDS OF MARION BAYSINGER MEMORIAL LIBRARY, IN C.

Principal Place of Business

**250 S. MAIN AVE.
 GROVELAND FL 34736**

Mailing Address

**250 S. MAIN AVE.
 GROVELAND FL 34736**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **21 N 59-3709 734** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAW, JULIA R
 250 S. MAIN AVE.
 GROVELAND FL 34736**

7. Name and Address of New Registered Agent

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.

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

TITLE **D** ☐ Delete
 NAME **SOWARDS, HOPE**
 STREET ADDRESS **6540 CHERRY LAKE RD.**
 CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **D** ☒ Delete
 NAME **HODGES, MICKEY**
 STREET ADDRESS **2674 HIDDEN VIEW DR.**
 CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **D** ☒ Delete
 NAME **RAYMAN, SALLY**
 STREET ADDRESS **3 LAKEVIEW ST.**
 CITY-ST-ZIP **MASCOTTE FL 34753**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
 NAME **Lovell Polly**
 STREET ADDRESS **6636 Wynn Lane**
 CITY-ST-ZIP **Groveland, FL 34736**

TITLE ☐ Change ☐ Addition
 NAME **Rylee, Barbara**
 STREET ADDRESS **5639 Marys Villa Rd.**
 CITY-ST-ZIP **Groveland, FL 34736**

TITLE ☐ Change ☐ Addition
 NAME **Padgett, Marie**
 STREET ADDRESS **564 E Magnolia Ave**
 CITY-ST-ZIP **Groveland, FL 34736**

TITLE ☐ Change ☐ Addition
 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: **Hope Sowards** (Hope Sowards) 4/1/2002 429-5607 352

CR2E037 (9/01)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ATLANTA GA 39901

DATE OF THIS NOTICE: 04-20-2001
NUMBER OF THIS NOTICE: CP 575 F
EMPLOYER IDENTIFICATION NUMBER: 59-3709756
FORM: SS-4
0716934126 0

X

622897

Attachment D

N0000000.7266

FRIENDS OF MARION BAYSINGER
% MICKEY HODGES PRESIDENT
250 S MAIN AVE
GROVELAND FL 34736

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3709756. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

FRIENDS OF MARION BAYSINGER
MEMORIAL LIBRARY INC
% MICKEY HODGES PRESIDENT
250 S MAIN AVE
GROVELAND FL 34736

If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.