

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90206 004 ****61.25

DOCUMENT # N00000007266

1. Entity Name
FRIENDS OF MARION BAYSINGER MEMORIAL LIBRARY, INC.



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

756 W. Broad St.

Suite, Apt. #, etc.

3. Mailing Address

756 W. Broad St.

Suite, Apt. #, etc.

City & State

Groveland FL

City & State

Groveland FL

Zip

34736

Country

USA

Zip

34736

Country

USA

04082004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3709756

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KORP, GINA	
STREET ADDRESS	1171 GREENLEY AVE	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LOVELL, POLLY	
STREET ADDRESS	6636 WYNN LANE	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KYLE, BARBARA	
STREET ADDRESS	5639 MARY'S VILLA RD	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PADGETT, MARIE	
STREET ADDRESS	564 E MAGNOLIA AVE	
CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norma Thompson	
STREET ADDRESS	18426 Villa City Road	
CITY-ST-ZIP	Groveland FL 34736	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Kyle	
STREET ADDRESS	5639 Mary's Villa Rd.	
CITY-ST-ZIP	Groveland FL 34736	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie Roberts	
STREET ADDRESS	P.O. Box 57	
CITY-ST-ZIP	Groveland FL 34736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barbara L Kyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04
Date

352 429-0776
Twelve Phone #