

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90093 005 ****61.25

DOCUMENT # N00000008425

1. Entity Name

FRIENDS OF THE PACE AREA LIBRARY, INC.



Principal Place of Business

PO BOX 2068
PACE FL 32571

Mailing Address

PO BOX 2068
PACE FL 32571

34000000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3562258

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

STEWART, DANIEL
3895 HWY. 90
PACE FL 32571

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

FILE NOW: 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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | RIOS, RAMOU | |
| STREET ADDRESS | 3564 STREET FORD LN. | |
| CITY-ST-ZIP | PACE FL 32571 | |
| TITLE | PD PRESIDENT | <input type="checkbox"/> Delete |
| NAME | LYLE, MARTHA | |
| STREET ADDRESS | 4101 BAY FRONT TERRACE | |
| CITY-ST-ZIP | PACE FL 32571 | |
| TITLE | ST. BOARD | <input type="checkbox"/> Delete |
| NAME | CRAGO, TERRY | |
| STREET ADDRESS | 5300 ROWE-TRAIL | |
| CITY-ST-ZIP | PACE FL 32571 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | COLLINS, JENNIE R | |
| STREET ADDRESS | 4726 PINE LANE | |
| CITY-ST-ZIP | PACE FL 32571 | |
| TITLE | NORRIS, CURTIS BOARD | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | BOARD | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add |
| NAME | SUZANNE GIBSON | |
| STREET ADDRESS | 5525 TIMBER CREEK DR. | |
| CITY-ST-ZIP | PACE, FL 32571 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------|--|
| TITLE | VICE PRES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TOM TWARKINS | |
| STREET ADDRESS | 4932 Woodbine Rd. | |
| CITY-ST-ZIP | PACE, FL 32571 | |
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FERRYN TWARKINS | |
| STREET ADDRESS | 4932 Woodbine Rd. | |
| CITY-ST-ZIP | PACE, FL 32571 | |
| TITLE | BOARD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KIM McDANIEL | |
| STREET ADDRESS | 7721 DELUNE-WAY | |
| CITY-ST-ZIP | MILTON, FL 32583 | |
| TITLE | BOARD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RALPH CRAGO | |
| STREET ADDRESS | 5300 ROWE TRAIL | |
| CITY-ST-ZIP | PACE, FL 32571 | |
| 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: *Jean R Collins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-04

9946072