2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State
04-18-2003 90187 035 ****61.25

DOCUMENT # N00000008425

1. Entity Name
FRIENDS OF THE PACE AREA LIBRARY, INC.

55041170

Principal Place of Business	Mailing Address
~~3895 HWY. 90~~ PO Box 2068 PACE FL 32571	~~3895 HWY. 90~~ PO Box 2068 PACE FL 32571

☑ CHECK HERE IF MAKING CHANGES

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 59-3562258 ☐ 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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOEHM, JAMES R 5342 STAFFORD CIRCLE PACE FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RIOS, RAMON, PRES. (D) 3564 STRATFORD LN., PACE, FL. 32571	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WINTERS, MARCY 2925 GREYSTONE DR. PACE FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES (D) LYLE, MARTHA 4101 BAY FRONT TERRACE PACE, FL. 32571	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYLE, MARTHA B 4101 BAYFRONT TERR. PACE FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (D) CRAGO, TERRY 5300 ROWE TRAIL PACE, FL 32571	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEMSKY, ANNE 29803 GREYSTONE DR. PACE FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER (D) JENNIE R (JANE) COLLINS 4726 PINE LANE PACE, FL 32571	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 3-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #