

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

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

03-16-2004 90039 033 ****61.25

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1. Entity Name

FRIENDS OF THE LIBRARY, DUNDEE, INC.



Principal Place of Business

418 5TH STREET S
DUNDEE FL 33838

Mailing Address

PO BOX 1467
DUNDEE FL 33838

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

59-3692246

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

REID, WILLIAM B
418 5TH STREET S
DUNDEE FL 33838

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	REID, WENDY J	
STREET ADDRESS	418 5TH STREET S	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERCY, MARIA	
STREET ADDRESS	304 SHEPARD AVE	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELVALLE, LINDA	
STREET ADDRESS	316 SHEPARD AVE	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REID, WILLIAM B	
STREET ADDRESS	418 5TH STREET S	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, WENDY J	
STREET ADDRESS	418 5TH STREET S	
CITY-ST-ZIP	DUNDEE, FL 33838	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERCY, MARIA	
STREET ADDRESS	304 SHEPARD AVE	
CITY-ST-ZIP	DUNDEE, FL 33838	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELVALLE, LINDA	
STREET ADDRESS	316 SHEPARD AVE	
CITY-ST-ZIP	DUNDEE, FL 33838	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, WILLIAM B	
STREET ADDRESS	418 5TH STREET S	
CITY-ST-ZIP	DUNDEE, FL 33838	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLOSIN, CATHY	
STREET ADDRESS	1005 VALENTINA	
CITY-ST-ZIP	DUNDEE, FL 33838	
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: *Maria Percy* **MARIA PERCY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/04 863-439-4700

Date Daytime Phone #