


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

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90054 036 ****61.25

DOCUMENT # N02000001235

1. Entity Name
THE FRIENDS OF THE FOREST PUBLIC LIBRARY, INC.



Principal Place of Business
**777 SOUTH COUNTY ROAD 314A
OCKLAWAHA FL 32179**

Mailing Address
**777 SOUTH COUNTY ROAD 314A
OCKLAWAHA FL 32179**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**MACFARLAND, NANCY L
777 SOUTH COUNTY ROAD 314A
OCKLAWAHA FL 32179**

7. Name and Address of New Registered Agent
Name **MARY LOU NELSON**
Street Address (P.O. Box Number is Not Acceptable)
2290 N.E. 145 AVE. ROAD
City **Silver Springs** FL **34488**

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 Mary Lou Nelson DATE 3/26/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEES \$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 MACFARLAND, NANCY L 391 SE 165TH COURT ROAD SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY LOU NELSON 2290 N.E. 145 Ave. ROAD Silver Springs, FL. 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMONDS, SUE 391 SE 165TH COURT ROAD SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANA HARRIS 770 - So. 170 th AVE. Silver Springs, FL. 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENNIS, BETTY 13582 E. HWY 40 #212 SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MADELINE PYNN 2260 NE 145 Ave. ROAD Silver Springs, FL. 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, GLADYS 17696 SE 17 DRIVE SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANITA WILEY 5290 SE. 137 th Ave. ROAD OCKLAWAHA, FL. 32179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, MARY LOU 2290 NE 145TH AVE RD. SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sue Simonds 391 SE. 165 CT. ROAD Silver Springs, FL. 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORSWORTHY, LISANDRA 15929 SE 9TH STREET SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY MCFARLAND 777 SOUTH COUNTY ROAD 314A 391 SE 165 SILVER SPRINGS FL 34488 Silver Springs FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Mary Lou Nelson DATE 3/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

CT
RI
34488