

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90010 029 \*\*\*\*61.25

**DOCUMENT # N03000008423**

1. Entity Name  
**DEFUNIAK SPRINGS FRIENDS OF THE LIBRARY, INC.**



Principal Place of Business  
**3 CIRCLE DRIVE  
DEFUNIAK SPRINGS, FL 32435**

Mailing Address  
**P.O. BOX 134  
DEFUNIAK SPRINGS, FL 32435**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07282004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**20-0381259**

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

**DAVIS, MARK D ESQ.  
694 BALDWIN AVENUE  
SUITE 1  
DEFUNIAK SPRINGS, FL 32435**

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 September 8, 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 NAME ☐ Delete

**PD  
WRIGHT, JANE H  
419 S. 2ND STREET  
DEFUNIAK SPRINGS, FL 32435**

TITLE NAME ☐ Delete

**SD  
BEARDEN, EWA  
130 SOUTH 17TH STREET  
DEFUNIAK SPRINGS, FL 32435**

TITLE NAME ☐ Delete

**VD  
GIBBS, ROBERT C  
536 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32435**

TITLE NAME ☒ Delete

**TD  
ORLOSKY, REESE S  
30 LIVE OAK AVENUE WEST  
DEFUNIAK SPRINGS, FL 32435**

TITLE NAME ☐ Delete

**TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ Delete

**TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

**TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☒ Change ☐ Addition

**ST/D  
Ewa Bearden  
130 South 17th Street  
Defuniak Springs, FL 32433**

TITLE NAME ☒ Change ☐ Addition

**VD  
Gladys E. Holley  
300 Bay Ave  
Defuniak Springs, FL 32435**

TITLE NAME ☐ Change ☐ Addition

**TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition

**TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition

**TITLE 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:** Jane H. Wright Jane H. Wright  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 28, 2004  
Date

850-951-2646  
Daytime Phone #