


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

PRR 102

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 17 AM 10:46

| | | | | | |
|--|--|--|---|--|--|
| DOCUMENT # N07000006347 | | | |  | |
| 1. Entity Name FLEMING ISLAND FRIENDS OF THE LIBRARY, INC. | | | | | |
| Principal Place of Business 1895 TOWN CENTER BLVD ORANGE PARK, FL 32003 | | | Mailing Address 1895 TOWN CENTER BLVD ORANGE PARK, FL 32003 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent LIEBOWITZ, DIANA L 1236 FAIRWAY VILLAGE DR ORANGE PARK, FL 32003 | | | | 7. Name and Address of New Registered Agent Name KARLA ZIEGENER Street Address (P.O. Box Number is Not Acceptable) 2210 SOUTH BROOK DR. FLEMING ISLAND FL 32003 | |
| 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 KARLA ZIEGENER <i>Karla Ziegner</i> 10/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | 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 LIEBOWITZ, DIANA 1236 FAIRWAY DR. E ORANGE PARK, FL 32003 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT, D KARLA ZIEGENER 2210 SOUTH BROOK DR. FLEMING ISLAND, FL 32003 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BERGIN, JOANNE 2227 HARBOR LAKE DR ORANGE, FL 32003 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT, D ANNE JOHNSON 1906 VISTA LAKES DR FLEMING ISLAND, FL 32003 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD REIHING-LLOYD, LINDA 1908 SENTRY OAK CT GREEN COVE SPRINGS, FL 32043 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY, D JAN MORGAN 2363 JENNIE LANE FLEMING ISLAND, FL 32003 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WEISTOCK, ELAINE 1691 MISTY LAKE DR ORANGE PARK, FL 32003 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ---- | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Karla Ziegner, Pres.</i> 10/29/08 904-375-1836 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

PMW

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

October 29, 2008

Re: Fleming Island Friends of the Library, #N07000006347

The post office has changed our postal designation to Fleming Island, FL 32003, instead of Orange Park, FL 32003. Please change your records accordingly.

Thank you for your help in this matter.

Sincerely,

Judith A. Luce
Judith A. Luce

Board Member