

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N08441

1. Entity Name
**FRIENDS OF THE ST. LUCIE COUNTY LIBRARY
ASSOCIATION, INC.**



Principal Place of Business
**101 MELODY LANE
FORT PIERCE, FL 34950**

Mailing Address
**101 MELODY LANE
FORT PIERCE, FL 34950**



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0904359

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICE, INC.
526 E PARK AVENUE
#200
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FRIEDSTEIN, HARRIET
2017 SE KILMALLIE COURT
PORT ST. LUCIE, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CLIFTON, CARNELLE
P.O. BOX 3663
FORT PIERCE, FL 34948**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GOODENOW, MARY
1120 PASEO AVENUE
FT. PIERCE, FL 34982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TOBIN, PATTI
P.O. BOX 1480
FT. PIERCE, FL 34950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VAUGHN, KAROLYN
1720 MALLARD COURT
FT. PIERCE, FL 34982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAYES, DELORES
P.O. BOX 1645
FORT PIERCE, FL 34954**

000000211821
02/02/05-80134-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick A. Hentzen, Director 1/24/05 772/873-5900