

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N12162**

Entity Name

FRIENDS OF THE LIBRARY OF THE NORTHWEST BRANCH O**FILED****Apr 25, 2000 8:00 am**
Secretary of State

04-25-2000 90098 030 ****61.25

Principal Place of Business

Mailing Address

DAVIS POND BLVD.
FRUIT COVE FL 3225960 DAVIS POND BLVD.
FRUIT COVE FL 32259-4390

1. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2810354

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**TAYLOR, LYNNETTE
1423 MARLEE RD
SWITZERLAND FL 32259Name Robin Donoho
Street Address (P.O. Box Number is Not Acceptable)
60 DAVIS Pond Blvd.
City Fruit Cove FL Zip Code 32259

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.

SIGNATURE

X Robin Donoho4-19-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES ARE \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**0. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LOU ANN	
STREET ADDRESS	1096 OAK VALE RD.	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, LYNNETTE	
STREET ADDRESS	1423 MARLEE RD.	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRAASCH, DONNA	
STREET ADDRESS	1657 ST. RD. 13 NORTH	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	TANZLER, NANCY	
STREET ADDRESS	1047 ANCHOR RD.	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTERFIELD, MILLER	
STREET ADDRESS	830 FRUIT COVE RD.	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITTELSTADT, MARY	
STREET ADDRESS	1699 BISHOP ESTATES RD.	
CITY-ST-ZIP	FRUIT COVE FL 32259	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOHU, ROBIN	
STREET ADDRESS	60 DAVIS POND BLVD.	
CITY-ST-ZIP	FRUIT COVE, FL 32259	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, KIM	
STREET ADDRESS	60 DAVIS POND BLVD.	
CITY-ST-ZIP	FRUIT COVE, FL 32259	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONEY, SHARON	
STREET ADDRESS	60 DAVIS POND BLVD.	
CITY-ST-ZIP	FRUIT COVE, FL 32259	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Braasch, Donna	
STREET ADDRESS	1657 SR 13 N	
CITY-ST-ZIP	FRUIT COVE, FL 32259	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robin Donoho **JOINED**4-19-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #