

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90230 005 ****61.25

DOCUMENT # N18474

1. Entity Name

FRIENDS OF THE HOKE LIBRARY IN JENSEN BEACH, INC.



Principal Place of Business

1150 NW JACK WILLIAMS WAY
JENSEN BEACH FL 34957
US

Mailing Address

PO BOX 427
JENSEN BEACH FL 34958
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2822030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEAL, CATHIE H.
2036 N.E. RIVER COURT
JENSEN BEACH FL 33457

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	TEAL, CATHIE H.	
STREET ADDRESS	2036 N.E. RIVER COURT	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, MARGARET	
STREET ADDRESS	1975 NW FORK RD	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LOWAIE, JEAN E	
STREET ADDRESS	1235 NE OCEAN VIEW CIR	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LITTON, ANNE	
STREET ADDRESS	3246 N.E. CATA MARAN TER	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALCIULIS, KATHLEEN	
STREET ADDRESS	127 COVE VIEW	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzanne Dowd	
STREET ADDRESS	196 NE Blueberry Terr.	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Litton	
STREET ADDRESS	3246 N.E. Catamaran Terr	
CITY-ST-ZIP	Jensen Beach FL 34957	
TITLE	S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Stewart	
STREET ADDRESS	9550 S. Ocean Dr. #1309	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kathleen Balciulis Treas.* **4/20/05** **772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
337-9893