

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90192 045 ****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**

00000143



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

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, 2008**

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** ☐ Delete
NAME **TEAL, CATHIE H.**
STREET ADDRESS **2036 N.E. RIVER COURT**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VP** ☐ Delete
NAME **DOWD, SUZANNE**
STREET ADDRESS **196 NE BLUEBERRY TERRACE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **VP** ☒ Delete
NAME **LITTON, ANNE**
STREET ADDRESS **3246 NE CAFAMARAN TERRACE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **Pres.** ☐ Delete
NAME **BURRILE, LINDA**
STREET ADDRESS **421 NW DEWBERRY TERR**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **TD** ☐ Delete
NAME **BALCIULIS, KATHLEEN**
STREET ADDRESS **127 COVE VIEW**
CITY-ST-ZIP **STUART FL 34994**

TITLE **S.** ☐ Delete
NAME **CONNIE FITZSIMMONS**
STREET ADDRESS **2802 SE. Calvin St.**
CITY-ST-ZIP **Port St. Lucie Florida 34952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kathleen Balciculis **KATHLEEN BALCIULIS** 4/14/08 772 337 9893