2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N26748

1. Entity Name
FRIENDS OF BELLEVIEW LIBRARY, INC.

Principal Place of Business	Mailing Address
6007 S.E. EARP ROAD PO BOX 310 BELLEVIEW, FL 34421	6007 S.E. EARP ROAD PO BOX 310 BELLEVIEW, FL 34421

DO NOT WRITE IN THIS SPACE

01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2933383

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAER, BETTY A
12355 SE 60TH AVE
BELLEVIEW, FL 34420

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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 _____ DATE
Signature, typed or printed name of registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEAR, BETTY
STREET ADDRESS	12355 SE 60TH AVE
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	VP
NAME	MCINTYRE, JOANNE
STREET ADDRESS	11862 SE 72ND CT RD
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	T
NAME	KIMBERL, HELEN
STREET ADDRESS	12185 SE 61 COURT
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	D
NAME	LANDRY, GORDON
STREET ADDRESS	10620 SW 27TH AVE F-8
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	S
NAME	STOKLAS, BLANCHE
STREET ADDRESS	12371 SE 60TH TERR
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	D
NAME	WINSTANLEY, KENNETH
STREET ADDRESS	694 S.E. 110TH ST.
CITY-ST-ZIP	BELLEVIEW, FL 34420

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01/16/04-80006-013 61.25

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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: Helen Kimberl HELEN KIMBERL, TREAS. 1-13-04 352-245-7412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #