

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90015 006 ****61.25

DOCUMENT # N28883	
1. Entity Name FRIENDS OF CENTRAL RIDGE LIBRARY, INC.	

Principal Place of Business CENTRAL RIDGE LIBRARY 425 W ROOSEVELT BLVD BEVERLY HILLS, FL 34465 US	Mailing Address PO BOX 640158 BEVERLY HILLS, FL 34464 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01212004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2867230

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

6. Name and Address of Current Registered Agent	
ENGLISH, RAE J 221 S DAVIS ST DAVIS BEVERLY HILLS, FL 34465	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 221 S Davis St	
City BEVERLY Hills	FL Zip Code 33465-4142

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 *Rae Jean English* **RAE JEAN ENGLISH** **3-1-04**
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, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REXFORD, SUE 5440 N ROSEDALE BEVERLY HILLS, FL 34465 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Haderer, Sue ☒ Change ☐ Addition 1900 W Tall Oaks Dr Beverly, Hills, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDROVICH, CAROL 4291 LINCOLN AVE BEVERLY HILLS, FL 34465 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dean, Jacqueline ☒ Change ☐ Addition 3572 N Woodgate Dr Beverly Hills, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAN, JACQUELINE 3572 N WOODGATE DR BEVERLY HILLS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barry, Sue ☐ Change ☒ Addition 548 W Massachusetts St. Hernando, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXAM, TOMIE 11972 N. BLUFF COVE PATCH DUNNELLON, FL 34434 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stillman, Peggy ☐ Change ☒ Addition 5475 N. Mallow's Cir Beverly Hills, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGLISH, RAE J 221 S DAVIS ST BEVERLY HILLS, FL 34465 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blinn, Anna ☐ Change ☒ Addition 3895 W Catalpa La Beverly Hills, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HADERER, SUE 1900 W. TALL OAKS DR. BEVERLY HILLS, FL 34465 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Susan L Haderer* **Susan L Haderer** **2/24/04** **352-746-1334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #