


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90355 012 \*\*\*\*61.25

<b>DOCUMENT # N31721</b>			
<b>1. Entity Name</b> THE FRIENDS OF THE PORT ST. JOHN LIBRARY, INC.			
<b>Principal Place of Business</b> 6500 CAROLE AVE COCOA FL 32927		<b>Mailing Address</b> 6500 CAROLE AVE COCOA FL 32927	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
DEZENDORF, HELEN 6383 FAIRCHILD AVE COCOA FL 32927		Name: <u>DEZENDORF, please correct spelling</u> Street Address (P.O. Box Number is Not Acceptable)  City: <u>FL</u> Zip Code	



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-2953996	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: 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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> SD <b>NAME</b> CLARKE, PATRICIA <b>STREET ADDRESS</b> 6355 BLOXANT AVE <b>CITY-ST-ZIP</b> COCOA FL 32927	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD <b>NAME</b> DEZENDORF, HELEN <b>STREET ADDRESS</b> 6383 FAIRCHILD AVE <b>CITY-ST-ZIP</b> COCOA FL 32927	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b> DEZENDORF, HELEN <b>STREET ADDRESS</b> Correct spelling please <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> AGEE, A. D <b>STREET ADDRESS</b> 6900 N COCOA BLVD, #6305 <b>CITY-ST-ZIP</b> PORT ST JOHN FL 32927	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> TD <b>NAME</b> OLSON, DORIS-JEAN <b>STREET ADDRESS</b> 6000 EAGLEWALK AVE <b>CITY-ST-ZIP</b> Port St. John, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Helen F. Dezendorf Helen F. Dezendorf 2/23/04 (321) 632-0298  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #