

FILED
Jun 16, 2003 8:00 am
Secretary of State

04-25-2003 90135 035 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/2

55048725

DOCUMENT # N31721					
1. Entity Name THE FRIENDS OF THE PORT ST. JOHN LIBRARY, INC.					
Principal Place of Business 6500 CAROLE AVE COCOA FL 32927			Mailing Address 6500 CAROLE AVE COCOA FL 32927		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2953996	Applied For Not Applicable
6. Name and Address of Current Registered Agent SCHWEITZER, BARBARA 3880 BANNOCK ST COCOA FL 32926				7. Name and Address of New Registered Agent Helen F. Dezendorf 6383 Fairchild Ave. Cocoa FL 32927	
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 <i>Barbara Schweitzer</i> <i>Helen F. Dezendorf</i> 6/12/03 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		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANCE, ALICE R SEC 601 ALCAZAR AVE. COCOA FL 32927 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Patricia Clarke 6355 Alayant Ave. Cocoa FL 32927 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWEITZER, BARBARA P O BOX 88 N/A SHARPES FL 32959 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Acting President Helen Dezendorf 6383 Fairchild Ave Cocoa FL 32927 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Treasurer AGEE, A. D. 6800 N COCOA BLVD, #6305 PORT ST JOHN FL 32927 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 filers empowered.					
SIGNATURE: <i>Helen F. Dezendorf</i> 30-693-0000 <i>Barbara Schweitzer</i> 1/29/03 (301) 632-0298					