

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90048 050 ****61.25

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DOCUMENT # N37306 1. Entity Name FRIENDS OF THE LIBRARY-PONTE VEDRA BEACH, INC.					
Principal Place of Business 101 LIBRARY BLVD PONTE VEDRA BEACH, FL 32082 US			Mailing Address P.O. BOX 744 PONTE VEDRA BEACH, FL 32004 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2998576	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTLETT & HEekin 50 HIGHWAY A1A SUITE 103 PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name DONALD B. JOHNSON Street Address (P.O. Box Number is Not Acceptable) 128 LAKE JULIA DRIVE NORTH City PONTE VEDRA BEACH FL Zip Code 32082	
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 DONALD B. JOHNSON, TREAS 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERTISCH, CAROLEE <input checked="" type="checkbox"/> Delete P.O. BOX 744 PONTE VEDRA BEACH, FL 32082			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD PAT YOST PLAYERS VILLAS PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHNSON, DONALD B <input type="checkbox"/> Delete P.O. BOX 744 PONTE VEDRA BEACH, FL 32082			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CSD DAVIS, MARY B <input type="checkbox"/> Delete P.O. BOX 744 PONTE VEDRA BEACH, FL 32082			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD REICHOW, GARY <input type="checkbox"/> Delete P.O. BOX 744 PONTE VEDRA BEACH, FL 32082			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DRAIN, SUSAN <input checked="" type="checkbox"/> Delete P.O. BOX 744 PONTE VEDRA BEACH, FL 32082			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MORRIS, KITTY <input type="checkbox"/> Delete P.O. BOX 744 PONTE VEDRA BEACH, FL 32082			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <input checked="" 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: DONALD B. JOHNSON, TREAS 4/26/04 904-285-5306 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					