

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 28 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40185

1. Entity Name

FRIENDS OF JOHNSON BRANCH LIBRARY, INC.



Principal Place of Business

1059 18 AVE SOUTH
SAINT PETERSBURG, FL 33701

Mailing Address

PO BOX 1061
ST. PETERSBURG, FL 33731-9998

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3035195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONEY, ERNIE
2526 67TH AVE SOUTH
SAINT PETERSBURG, FL 33712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME WYNN, SAM
STREET ADDRESS 2396 LYNN LAKE PLACE, SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33712 ☐ Delete

TITLE TD
NAME HAYWARD, BETTY
STREET ADDRESS 5234 9TH STREET, SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33705 ☐ Delete

TITLE PD
NAME JOHNSON, KEVIN.W.
STREET ADDRESS 2861 4TH AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33712 ☐ Delete

TITLE P
NAME CONEY, ERNIE
STREET ADDRESS 2526 67TH AVE SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33712 ☐ Delete

TITLE VP
NAME CEASER, EUGENIA T.
STREET ADDRESS PO BOX 3841
CITY-ST-ZIP SAINT PETERSBURG, FL 33731 ☐ Delete

TITLE T
NAME SMITH, JANIS
STREET ADDRESS 2159 DESOTO WAY SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33712 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
100050264881
04/11/05--01002--003 **306.25

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-05 727-459-8500