

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90149 044 ****61.25

DOCUMENT # N42364

1. Entity Name

FRIENDS OF AUSTIN DAVIS PUBLIC LIBRARY, INC.



Principal Place of Business

**18420 WAYNE RD.
ODESSA FL 33556
US**

Mailing Address

**18420 WAYNE RD.
ODESSA FL 33556
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3096374**

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

**SCELLENBERG, JO
18420 WAYNE RD
ODESSA FL 33556**

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 Jo Schellenberg (TREASURER)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-03

FILE NOW: FEE IS \$61.25

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

TITLE **P** ☐ Delete
NAME **ROBERTSON, MADELLA**
STREET ADDRESS **8948 DONNA LU DR**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **ALLEN, JOHNNIE**
STREET ADDRESS **8905 SHAINA RD**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MCCLARNEY, CLAUDIA V**
STREET ADDRESS **7920 GUNN HWY**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TERRY, JO**
STREET ADDRESS **14511 SUTTER PLACE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BRITTIAN, SARAH**
STREET ADDRESS **17738 CURRIE FORD DR**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **DIRECTOR** ☐ Change ☐ Addition
NAME **SARAH BRITTIAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BARKSDALE, FRANCES**
STREET ADDRESS **8948 DONNA LU DR**
CITY-ST-ZIP **ODESSA FL 33536**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Jo Schellenberg (TREASURER) 1-30-03 813.920.5094

CR2E037 (10/02)