


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90007 041 ****61.25

DOCUMENT # N48108
 1. Entity Name
FONTANEDA SOCIETY, INC.



Principal Place of Business
BROWARD COUNTY LIBRARY-DIRECTOR'S OFF.
100 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 US

Mailing Address
BROWARD COUNTY LIBRARY-DIRECTOR'S OFF.
100 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 US

44050859



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03012003 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0428440

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUCHBINDER, HARRIET
BROWARD COUNTY LIBRARY-DIRECTOR'S OFF.
100 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 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

TITLE	S	<input type="checkbox"/> Delete
NAME	BING, MARGARET	
STREET ADDRESS	1940 NE 28TH AVE.	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BING, MARGARET	
STREET ADDRESS	1940 NE 28TH AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUFFNER, FRED G	
STREET ADDRESS	871 FLAMINGO DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SATIN, CLAIRE	
STREET ADDRESS	101 SW 1ST STREET	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Margaret Bing* **7/26/04** **3601-ET239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #