


**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90093 038 \*\*\*\*61.25

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

<b>DOCUMENT # N48108</b>			
1. Entity Name <b>FONTANEDA SOCIETY, INC.</b>			
Principal Place of Business <b>BROWARD COUNTY LIBRARY-DIRECTOR'S OFF. 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301 US</b>		Mailing Address <b>BROWARD COUNTY LIBRARY-DIRECTOR'S OFF. 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301 US</b>	
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 <b>65-0420440</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUCHBINDER, HARRIET BROWARD COUNTY LIBRARY-DIRECTOR'S OFF. 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 state if applicable.		NOTE: Registered Agent signature required when re-registering	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	10. Make Check Payable to Florida Department of State
\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BING, MARGARET</b>	NAME	
STREET ADDRESS	<b>1940 NE 28TH AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33082</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BING, MARGARET</b>	NAME	
STREET ADDRESS	<b>1940 NE 28TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33082</b>	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROLLINS, LINDA</b>	NAME	
STREET ADDRESS	<b>738 NE 17TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUFFNER, FRED G</b>	NAME	
STREET ADDRESS	<b>871 FLAMINGO DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARE SATIN</b>	NAME	
STREET ADDRESS	<b>101 SW 1ST ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DANIA, FL 33004</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Margaret Bingham</i>		Date: <b>4/8/03</b> 954-499-3661	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Daytime Phone #	

**55047761**



CHECK HERE IF MAKING CHANGES

CFR2007 (10/02)