

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90004 040 ****61.25

DOCUMENT # N94000001969	
1. Entity Name THE FRIENDS OF THE BIG PINE KEY LIBRARY, INC.	

Principal Place of Business BIG PINE KEY LIBRARY 213 KEY DEER BLVD BIG PINE KEY, FL 33043 US	Mailing Address P O BOX 1811 213 KEY DEER BLVD BIG PINE KEY, FL 33043-4742 US
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34063111



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07132004 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 65-0480681	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOUVILLE, LINDA 32340 CAT LANE NO NAME KEY, FL 33043	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
☐ P DOUVILLE, LINDA 32340 CAT LANE NO NAME KEY, FL 33043	☐	☐	☐
☐ D BERWIN, SHERA VENNA LANE BIG PINE KEY, FL 33043	☐	☐ DS Snedeker, Shirley 29678 Constitution Ave Big Pine Key, FL 33043	☐
☐ DT CLOSE, RALPH 151 W. INDIES DR RAMROD KEY, FL 33042	☐	☐	☐
☐ DS YORDE, LINDA PO BOX 420042 SUMMERLAND KEY, FL 33042	☐	☐	☐
☐ D ELDER, JOSEPHINE 29059 MAGNOLIA DR. BIG PINE KEY, FL 33043	☐	☐	☐
☐	☐	☐	☐

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>Linda A Douville</i>	7-11-04	305-872-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #