

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90022 026 ****61.25

DOCUMENT # N94000003497

1. Entity Name

FRIENDS OF THE FORT WALTON BEACH LIBRARY, INC.

Principal Place of Business

Mailing Address

**105 MIRACLE STRIP PARKWAY SW
 FORT WALTON BEACH FL 32548**

**105 MIRACLE STRIP PARKWAY SW
 FORT WALTON BEACH FL 32548**

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

59-3384662

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

**MCCOWN, ROSEMARY
 105 MIRACLE SHOP PARKWAY SW
 FT WALTON BEACH FL 32548**

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ASHWOOD, SALLY**
 CITY-ST-ZIP **123 JET DRIVE
 FORT WALTON BEACH FL 32548**

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **GIBSON, CHRISTINE**
 CITY-ST-ZIP **249 BROOKS ST #5E
 FORT WALTON BEACH FL 32548**

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **Gibson, christianne**
 CITY-ST-ZIP **249 Brooks St. SE
 Fort Walton Beach, FL 32548**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **COFFIELD, COLLEEN**
 CITY-ST-ZIP **127 HIGHWAY 98 EAST STE. 3A
 DESTIN FL 32541**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Sally M Ashwood RESALEM: Ashwood 4/30/02 (850) 833-9620
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)