2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# N94000003921

Entity Name: FRIENDS OF MURDOCK PUBLIC LIBRARY, INC.

Current Principal Place of Business:

18400 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

18400 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 65-0519000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTESON, ANGELYN H
18400 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCCOMBS, DIANNE
Address: 3907 MADRID CT.
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD ( ) Delete
Name: PATTERSON, ANGELYN
Address: 18400 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD ( ) Delete
Name: THOMS, MARIAN
Address: 2275 AARON ST APT C101
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete
Name: WILMAN, PAULA
Address: 26366 NADIR RD, UNIT 204
City-St-Zip: PORT CHARLOTTE, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: PATTESON, ANGELYN
Address: 18400 MURDOCK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELYN H. PATTESON SD 04/24/2004

Electronic Signature of Signing Officer or Director — Date