

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N94000003921**

**1. Entity Name**  
FRIENDS OF MURDOCK PUBLIC LIBRARY, INC.



**Principal Place of Business**  
18400 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948

**Mailing Address**  
18400 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948



04192005 No Chg-NP CR2E037 (10/03)

**4. FEI Number**  
65-0519000

**Applied For**  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

**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 reconstituting)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P
<b>NAME</b>	MCCOMBS, DIANNE
<b>STREET ADDRESS</b>	3907 MADRID CT.
<b>CITY-ST-ZIP</b>	PUNTA GORDA, FL 33950
<b>TITLE</b>	SD
<b>NAME</b>	PATTESON, ANGELYN
<b>STREET ADDRESS</b>	18400 MURDOCK CIRCLE
<b>CITY-ST-ZIP</b>	PORT CHARLOTTE, FL 33952
<b>TITLE</b>	TD
<b>NAME</b>	THOMS, MARIAN
<b>STREET ADDRESS</b>	2275 AARON ST APT C101
<b>CITY-ST-ZIP</b>	PORT CHARLOTTE, FL 33952
<b>TITLE</b>	VD
<b>NAME</b>	WILMAN, PAULA
<b>STREET ADDRESS</b>	26366 NADIR RD, UNIT 204
<b>CITY-ST-ZIP</b>	PORT CHARLOTTE, FL 33983
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

000007336388  
04/27/05-80127-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Angelyn Patteson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE**

**Daytime Phone #**

4-18-05 941-743-1460