9/12/01-90027-013-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000095

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 AM 11:48

1. Entity Name

FRIENDS OF THE WILDWOOD LIBRARY, INC.

Principal Place of Business	Mailing Address
702 WEBSTER ST WILDWOOD FL 34785	702 WEBSTER ST WILDWOOD FL 34785

DO NOT WRITE IN THIS SPACE

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 59-3262527 ☐ 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
~~HEROY, EVELYN~~ ~~38 MAGNOLIA LN~~ ~~WILDWOOD FL 34785~~ JUDY FRANKLIN 1 QUAIL HOLLOW WILDWOOD, FL 34785	Name Judy Franklin Street Address (P.O. Box Number is Not Acceptable) 1 Quail Hollow City Wildwood, FL Zip Code 34785

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 Judy Franklin 10-7-01
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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FLAHERTY, MARY LOU 1212 SAN JUAN DRIVE LADY LAKE FL 32159	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JUDY FRANKLIN 1 QUAIL HOLLOW WILDWOOD, FL 34785	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BAKER, SHIRLEY M 1516 LAVACA LANE LADY LAKE FL 32159	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JEAN WRIGHT 224 ROBBINS RD WILDWOOD, FL 34785	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DI RITO, BLANCHE 13 HICKORY HEAD HAMMOCK LADY LAKE FL 32159	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PEARL STEINMETZ 58 N BOBWHITE WILDWOOD FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MOODY, KATHRY L 112 N TIMBER TRAINL WILDWOOD FL 34785	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CECELIA FOERSTE 7314 CR 221 WILDWOOD FL 34785	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, MAXINE 4914 CR 117A WILDWOOD FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, RONALD 5000 ST CLAIR ST WILDWOOD FL 34785	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

10/23

CR2E037 (5/01)

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: JUDY FRANKLIN PRESIDENT 9-6-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Judy Franklin