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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

10/23

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

CR2E037 (5/01)