

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90161 023 \*\*\*\*61.25

**DOCUMENT # N95000000095**

1. Entity Name

**FRIENDS OF THE WILDWOOD LIBRARY, INC.**



Principal Place of Business

**702 WEBSTER ST  
WILDWOOD FL 34785**

Mailing Address

**702 WEBSTER ST  
WILDWOOD FL 34785**

2. Principal Place of Business

**Same**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**FRANKLIN, JUDY  
1 QUAIL HOLLOW  
WILDWOOD FL 34785**

7. Name and Address of New Registered Agent

Name **Cecelia Foerste**  
Street Address (P.O. Box Number is Not Acceptable)  
**7814 CR 221**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Cecelia Foerste Cecelia A. Foerste**

**1-25-03**

DATE

**FILE NOW: FEB 15 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, JUDY	
STREET ADDRESS	1 QUAIL HOLLOW	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, JEAN	
STREET ADDRESS	224 ROBBIN RD	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	STEINMETZ, PEARL	
STREET ADDRESS	58 N BOBWHITE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOERTE, CECELIA	
STREET ADDRESS	7418 CR 221	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Wright	
STREET ADDRESS	24 Robin Rd.	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE	Judy Franklin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Franklin	
STREET ADDRESS	1 Quail Hollow	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julia Knipfor	
STREET ADDRESS	25 Robin Lane	
CITY-ST-ZIP	Wildwood FL 34785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Judy Franklin Judy Franklin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)