
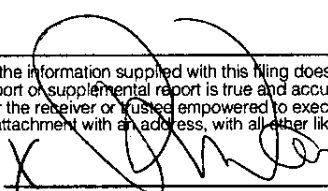


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90035 034 ****61.25

DOCUMENT # N95000002819 1. Entity Name FLORIDA PHILATELIC FOUNDATION LIBRARY, INC.					
Principal Place of Business 3231 GULF GATE DR UNIT 103 SARASOTA, FL 34231			Mailing Address 3231 GULF GATE DR UNIT 103 SARASOTA, FL 34231 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPISANO, ANTHONY W 1800 SECOND STREET Y SARASOTA, FL 34236				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARWOOD, JOHN C		NAME		
STREET ADDRESS	2684 CLUB HOUSE DRIVE #103		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, KENNETH		NAME		
STREET ADDRESS	1348 COTTONWOOD TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCHENRY, GORDON		NAME		
STREET ADDRESS	P.O. BOX 1117 N/A		STREET ADDRESS		
CITY-ST-ZIP	OSPNEY, FL 34229		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARMAN, P.V.		NAME		
STREET ADDRESS	1100 COVE # PLACE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	BM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIELSON, DICK		NAME		
STREET ADDRESS	6916 COUNTRY LAKES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DIRECTOR	
STREET ADDRESS			STREET ADDRESS	G. EDWIN HERROLD	
CITY-ST-ZIP			CITY-ST-ZIP	2800 YORKTOWN ST.	
			SARASOTA FL 34231		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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01192004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0588562 Applied For Not Applicable

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

2/3/04 941-377-1009