2000 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2000 8:00 am Secretary of State DOCUMENT # N9800000630 02-16-2000 90133 040 ****61.25 FRIENDS OF THE CRESTVIEW LIBRARY, CRESTVIEW, FLO Principal Place of Business Mailing Address 805 HIGHWAY 90 EAST PO BOX 1972 711012 CRESTVIEW FL 32539 CRESTVIEW FL 32536-7972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3491763 Not Applic. Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEMBECK, FLORENCE A 6304 POSSUM RIDGE RD CRESTVIEW FL 32539 Zip Code 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. 2023年5日20日至 TOTAL PERSON SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change TITLE Delete TITLE LEMBECK, FLORENCE A NAME NAME STREET ADDRESS STREET ADDRESS 6304 POSSUM RIDGE RD CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32530 ☐ Change ☐ Delete TITLE TITLE CARTER, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 6032 BLUEBIRD LANE CITY-ST-ZIP CITY-ST-ZIP = = CRESTVIEW FL 32539 TITLE TITLE □ Delete NAME CROWLEY, PAMELA NAME Susan B. Gox-STREET ADDRESS STREET ADDRESS 931 E. EDNEY AVE 110 Jacob St., Crastifu. FL 30533 CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32539 Crestview, FL ☐ Change TITLE Delete TITLE ROGERS, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 2788 KEATS DRIVE CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32539 □ Delete TITLE ▼ Change TITLE NAME WORSHAM, DEANE NAME Priscilla S. Beddow STREET ADDRESS 4841 BONE CREEK RD. STREET ADDRESS 5760 Wildwood Rd. CITY-ST-ZIP CITY-ST-ZIP **HOLT FL 32564** Crestview. FL 32536 \Box . TITLE ☐ Delete TITLE ☐ Change NAME LOKEY, MELMER NAME STREET ADDRESS STREET ADDRESS 105 Kipling Dr. CITY-ST:-ZIP CITY-ST-ZIP CRESTVIEW FL 32539

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 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 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 in the corporation of the corporation of 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 in the corporation of the

SIGNATURE: Florence A. TLEMBECK ECOLORISTE a Le

31 Jan 2000 850 689-15=

FILED