

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90110 016 ****61.25

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1. Entity Name

**FRIENDS OF THE CRESTVIEW LIBRARY, CRESTVIEW, FLO
RIDA, INCORPORATED**



Principal Place of Business

**805 HIGHWAY 90 EAST
CRESTVIEW FL 32539**

Mailing Address

**PO BOX 1972
CRESTVIEW FL 32536**

2. Principal Place of Business

1445 Commerce Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3491763**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**LEMBECK, FLORENCE A
6304 POSSUM RIDGE RD
CRESTVIEW FL 32539**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE *Glaunce A. Lembeck* *Florence A. Lembeck, President* *6 Jan 2003*
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

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 **P** ☐ Delete
NAME **LEMBECK, FLORENCE A**
STREET ADDRESS **6304 POSSUM RIDGE RD**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **V** ☐ Delete
NAME **CARTER, THOMAS**
STREET ADDRESS **6032 BLUEBIRD LANE**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **T** ☐ Delete
NAME **COX, SUSAN B**
STREET ADDRESS **110 JACOB ST**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **D** ☐ Delete
NAME **ROGERS, RICHARD**
STREET ADDRESS **2788 KEATS DRIVE**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** ☐ Delete
NAME **BEDDOW, PRISCILLA S**
STREET ADDRESS **5760 WILDWOOD RD**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **D** ☒ Delete
NAME **LOKEY, MELMER**
STREET ADDRESS **105 KIPLING DR.**
CITY-ST-ZIP **CRESTVIEW FL 32539**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **5** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Schuckhart, Mildred**
STREET ADDRESS **1206 Grandview Dr.**
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 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 REQUIRED* *Florence A. Lembeck* *6 Jan. 03/850-689-*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *1535*

CR2E037 (10/02)