

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90004 008 ****61.25

DOCUMENT # N98000004735

1. Entity Name
FRIENDS OF THE LANTANA PUBLIC LIBRARY, INC.



Principal Place of Business
**205 W. OCEAN AVE.
LANTANA, FL 33462**

Mailing Address
**205 W. OCEAN AVE.
LANTANA, FL 33462**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1029750

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

7. Name and Address of New Registered Agent

**PATCHETT, SIDNEY A
205 W. OCEAN AVE.
LANTANA, FL 33462**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **VREELAND, MARIE**
STREET ADDRESS **1415 W BROONE STREET**
CITY-ST-ZIP **LANTANA, FL 33462**

V ☒ Change ☐ Addition
NAME **Digunzio, Marine**
STREET ADDRESS **1202 S. Lake Dr., Apt. 202**
CITY-ST-ZIP **Lantana, FL 33462**

P ☐ Delete
NAME **WILHELM, TERSA**
STREET ADDRESS **317 SOUTH ATLANTIC DRIVE**
CITY-ST-ZIP **LANTANA, FL 33462**

D ☐ Change ☐ Addition
NAME **Gundlach, Kathy**
STREET ADDRESS **121 Park Lane East**
CITY-ST-ZIP **Hypoluxo, FL 33462**

V ☒ Delete
NAME **SPENCE, GINNY**
STREET ADDRESS **456 PINE VILLA DRIVE**
CITY-ST-ZIP **LANTANA, FL 33462**

D ☐ Change ☐ Addition
NAME **Hard, Jane**
STREET ADDRESS **896 N. Federal Highway, Apt. 432**
CITY-ST-ZIP **Lantana, FL 33462**

S ☐ Delete
NAME **PATCHETT, SID**
STREET ADDRESS **3501 ROYAL PALM AVE**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

D ☐ Change ☐ Addition
NAME **Richter, Dorothy**
STREET ADDRESS **1403 Great Drive**
CITY-ST-ZIP **Lake Worth, FL 33461**

D ☒ Delete
NAME **BURNS, JOHN**
STREET ADDRESS **313 PINWOOD ST**
CITY-ST-ZIP **LANTANA, FL 33462**

D ☐ Change ☐ Addition
NAME **Scarbey, Grace**
STREET ADDRESS **1127 S. Pine Way**
CITY-ST-ZIP **Lantana, FL 33462**

D ☐ Delete
NAME **BEACH, STAFFORD**
STREET ADDRESS **421 NORTH ATLANTIC DRIVE**
CITY-ST-ZIP **LANTANA, FL 33462**

P ☐ Change ☒ Addition
NAME **Pezzutto, Peggy**
STREET ADDRESS **410 N. Atlantic Drive**
CITY-ST-ZIP **Lantana, FL 33462**

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

January 6, 2004 (561) 540-5740

Date

Daytime Phone #