

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722566

Entity Name: FRIENDS OF THE WILTON MANORS LIBRARY, INC.**Current Principal Place of Business:**500 N.E. 26TH STREET
WILTON MANORS, FL 33305**Current Mailing Address:**500 N.E. 26TH STREET
WILTON MANORS, FL 33305 US**FEI Number:** 59-2679922**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANCASTER, ARLENE
2209 NW 2ND AVE
WILTON MANORS, FL 33311 US*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.***SIGNATURE:** ARLENE LANCASTER

01/31/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	GILES, BEVERLY
Address	1930 NE 2ND AVE 215L
City-State-Zip:	WILTON MANORS FL 33305

Title	VP/D
Name	KUTA, PAUL
Address	500 NE 28TH STREET
City-State-Zip:	WILTON MANORS FL 33334

Title	T/D
Name	DUNKEL, KATHERINE K
Address	317 NW 24TH STREET
City-State-Zip:	WILTON MANORS FL 33311

Title	P/D
Name	LANCASTER, ARLENE
Address	2209 NW 2 AVE
City-State-Zip:	WILTON MANORS FL 33311

Title	S/D
Name	TORRE, SALVATORE
Address	309 NW 20TH STREET
City-State-Zip:	WILTON MANORS FL 33311

Title	D
Name	COTNOIR, DORIS
Address	1930 N.E. 2ND AVENUE #L-103
City-State-Zip:	WILTON MANORS FL 33305

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE K DUNKEL**TREASURER**

01/31/2021

Electronic Signature of Signing Officer/Director Detail

Date