

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700954 (1)
1. Corporation Name
DUNNELLON LIBRARY, INC.



Principal Place of Business 20804 W PENNSYLVANIA AVE P. O. BOX 758 DUNNELLON FL. 34431 US		Mailing Address 20804 W PENNSYLVANIA AVE P. O. BOX 758 DUNNELLON FL. 34430-0758 US		3. Date Incorporated or Qualified 05/13/1960	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2363595		Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAXWELL, LEATRICE S. 20363 THE GRANADA DUNNELLON FL 34432				10. Name and Address of New Registered Agent	
81 Name		MAGIC, LEATRICE S.			
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City		FL		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MARC	1.2 NAME	MERENDA, MARY
STREET ADDRESS	11659 OSCELO RD	1.3 STREET ADDRESS	23591 S. W. Beach Blvd.
CITY - ST - ZIP	DUNNELLON FL	1.4 CITY - ST - ZIP	Dunnellon, FL 34431
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, EDDIE JACK	2.2 NAME	STEPHENS, A. DIX
STREET ADDRESS	19965 SW 107TH LN	2.3 STREET ADDRESS	Route 8, Box 804 N/A
CITY - ST - ZIP	DUNNELLON FL	2.4 CITY - ST - ZIP	Dunnellon, FL 34431
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, RUTH	3.2 NAME	
STREET ADDRESS	12331 N ELF POINT	3.3 STREET ADDRESS	
CITY - ST - ZIP	DUNNELLON FL	3.4 CITY - ST - ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, LARRY	4.2 NAME	BAUMGARTEN, JAMES
STREET ADDRESS	19700 MUSTANG DR	4.3 STREET ADDRESS	21165 S. W. Raintree Street
CITY - ST - ZIP	DUNNELLON FL	4.4 CITY - ST - ZIP	Dunnellon, FL 34431
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, ALICE	5.2 NAME	
STREET ADDRESS	20449 W. MCKINNEY AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DUNNELLON FL	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, LILIAN	6.2 NAME	
STREET ADDRESS	8895 S.W. 209 CT. RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	DUNNELLON FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Merenda Merenda 2/13/96 (352)489-4196
SIGNATURE (TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (12/95)

DUNNELLON LIBRARY, INC.

MARY MERENDA , Librarian

20804 WEST PENNSYLVANIA AVENUE P. O. BOX 758 DUNNELLON, FLORIDA 34430

ADDITIONAL OFFICERS:

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MAGIC, LEATRICE S. (formerly MAXWELL)
20363 The Granada
Dunnellon, FL 34432