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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700954 (1)

1. Corporation Name
DUNNELLO LIBRARY, INC.



Principal Place of Business 20804 W PENNSYLVANIA AVE P. O. BOX 758 DUNNELLO FL 34431 US	Mailing Address 20804 W PENNSYLVANIA AVE P. O. BOX 758 DUNNELLO FL 34430-0758 US
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3. Date Incorporated or Qualified 05/13/1960	3a. Date of Last Report 02/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

4. FEI Number 59-2363595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**MAGIC, LEATRICE S.
20363 THE GRANADA
DUNNELLO FL 34432**

10. Name and Address of New Registered Agent

81 Name
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

TITLE	P <input type="checkbox"/> DELETE
NAME	MERENDA, MARY
STREET ADDRESS	23591 SW BEACH BLVD
CITY-ST-ZIP	DUNNELLO FL
TITLE	V <input type="checkbox"/> DELETE
NAME	STEPHENS, A. DIX
STREET ADDRESS	ROUTE 8, BOX 804 N/A
CITY-ST-ZIP	DUNNELLO FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WALKER, RUTH
STREET ADDRESS	12331 N ELF POINT
CITY-ST-ZIP	DUNNELLO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BAUMGARTEN, JAMES
STREET ADDRESS	21165 SW RAIN TREE ST
CITY-ST-ZIP	DUNNELLO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	POWELL, ALICE
STREET ADDRESS	20449 W. MCKINNEY AVE
CITY-ST-ZIP	DUNNELLO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SNYDER, LILIAN
STREET ADDRESS	8895 S.W. 209 CT. RD
CITY-ST-ZIP	DUNNELLO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13590 S. E. 120th St.
2.4 CITY-ST-ZIP	34431
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Grace McDaniel
5.3 STREET ADDRESS	19731 S. W. 88th Place Rd.
5.4 CITY-ST-ZIP	Dunnellon, FL 34432
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: Mary Merenda *Mary Merenda Pres.* 1/31/97 Date (352)489-4196 Daytime Phone # 005073

CP2E037 (9/96)