

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 # 702320 (3)
1. Corporation Name
FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC.



Principal Place of Business: P.O. BOX 2921 NAPLES FL 33939-2921 US
Mailing Address: P.O. BOX 2921 NAPLES FL 33939-2921 US

3. Date Incorporated or Qualified: 04/22/1961
3a. Date of Last Report: 01/30/1995
4. FEI Number: 59-1030780
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
GOODLETTE, DUDLEY J
3411 NORTH TAMiami TRAIL
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name: Goodlette, Dudley J.
82 Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Tr. No.
83
84 City: Naples FL 85 Zip Code: 33940

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 re-stating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CULLEN, FRANK	
STREET ADDRESS	1505 DOLPHIN LANE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	SULLEY, TOM	
STREET ADDRESS	210 4TH AVENUE N	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HADLE, A. W.	
STREET ADDRESS	469 3RD STREET N.	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HURST, KENNETH	
STREET ADDRESS	359 BAY FOREST DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert L. Chartrand	
1.3 STREET ADDRESS	430 Widgeon Pt.	
1.4 CITY-ST-ZIP	Naples, FL 33942	
2.1 TITLE	Treasurer DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George Neuffer	
2.3 STREET ADDRESS	1851 Gulfshore Blvd. N.	
2.4 CITY-ST-ZIP	Naples, FL 33940	
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	900001768369	
4.4 CITY-ST-ZIP	-04/03/96--01089--010	
5.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: George H. Neuffer, Treasurer Date: 03/15/96 (941) 263-4235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

14-3-96