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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

702320

(3)

FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC.

Principal Place	of Business	Mailing Address				1011 Esast Billit Billit miast	SIGN BION IOO	
P.O. BOX 2921	***	P.O. BOX 2821		ti	•			
NAPLES FL 33939-2921 US		NAPLES FL 34106-2921 US						
					3. Date Incorporated or Qualified 04/22/1961	3a. Date of Last F 04/03/19	1eport 1996	
Principal Place of Business The state of Business The state of Business		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 59-1030780		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23	•	28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country	,	8. This corporation has liability for it	ntangible tax under s	s. 199.032,	
24	25		30			Yes No		
	9. Name and Address of Curren	t Registered Agent	81 Na		10. Name and Address of New Reg			
			DI NE	™B & €1	NSON, RICHARD	H		
GOODLETTE, DUDLEY J.				62 Street Address (P.O. Box Number is Not Acceptable)				
	MIAMI TR. NO.		83	622	7 RIDGE WOOD	DRIVE		
NAPLES	FL 33940							
			84 Cit	y //	A PLES	FL 85 Zip	Code	
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statuter	s, the above-nai	med corpo	ration submits this statement for the p	urpose of changing i	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	Ruhard H. B	enso	The Citation of			16/97		
SIGNATURE _	Signature typed or printed name of registered age		Registered Agent sig	natura required		DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DP	DELETE	1.1 THTLE	D	P LINCONICO, LAWRENCE	€ ∠. Change	Addition Addition	
NAME	CHARTRAND, ROBERT L		1.2 NAME	MAG	30 CLOUDSTONE CT	`.		
STREET ADDRESS	430 WIDGEON PT.		1.3 STREET ADDR	Ta.	APLES FL 3416			
CITY-ST-ZIP TITLE	NAPLES FL 33942 VPDS	DELETE	1.4 CITY-ST-ZIP		AVERS PL 3411	Change	Addition	
NAME	SULLEY, TOM		2.3 MILE 2.2 NAME				Lad required	
STREET ADDRESS	210 4TH AVENUE N		2.3 STREET ADDR	ree l				
CITY - ST - ZIP	NAPLES FL		2.4 CITY-ST-ZIE	-				
TITLE			31 TITLE	דם	-	☐ Change	Addition	
NAME	NEUFFER, GEORGE		3.2 NAME	BE	NJONI RICHARD HE	1.7		
STREET ADDRESS	1851 GULFSHORE BLVD. N.		3.3 STREET ADDR		ST RIDGEWOOD DRIV	E		
CITY-ST-ZIP	NAPLES FL 33940		3.4. CITY - ST - ZIF	N	APLES FL 34108			
TITLE		DELETE	4.1 TITLE	_ [""		Change	Addition	
NAME			4. 2 NAME	ļ				
STREET ADDRESS			4.3 STREET ADDR	RESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE		DELETE	5.1 TITLE			L Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDR					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE			Change	Addition	
NAME		CJ Steele	6.2 NAME			L Change		
STREET ADDRESS			6.3 STREET ADDR	esc				
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
14. I do heret			for the exempt	on stated i	in Section 119.07(3)(i), Florida Statute			
informatio	n indicated on this annual report or s fficer or director of the corporation or	supplemental annual report is true the receiver or trustee empower	ue and accurate ared to execute	and that r	ny signature shall have the same lega as required by Chapter 617, Florida S	I effect as if made un statutes; and that my	nder oath; that name	
appears in Block 12 or Block 13 if changed, or on an attachment with an address.								

SIGNATURE:

Rubard H. Seren (1997)

1/6/97

(941) 262-8135 Daytime Phone : 0059588

FILED

Jan 24 1997 8:00am

Secretary of State

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