## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

## FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC.

**FILED** Feb 12 1998 8:00am Secretary of State

Principal Place of Business Malling Address					a housely about about all the little state and the about a sold and the							
	O CENTRAL AVENUE IPLES FL 34102		P.O. BOX 2821 NAPLES FL 34106-2921				3. Date Incorporated or Qualified 04/22/1961					
3	,						4. FEI Number 59-1030780	$\overline{}$	Applied For Not Applicable			
2. Principal Place of Business 21			2a. Mailing Address 28				Certificate of Status Desired					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					- +,,				
City & State			City & State				7. Is this nonprofit corporation a homeowners association?					
24	Zip	Country 25	Zip Country <b>30</b>		,	This corporation owes or has paid the current y     Personal Property Tax due June 30.		Intangible No				
	g, Name	and Address of Current I	legistered Agent		10. Name and Address of New Registered Agent							
						Name						
BENSON, RICHARD H 6557 RIDGEWOOD DR					82	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
					83							
					84	City	FL 85	Zi	p Code			
11	Durguent to the provisi	ione of Sections 617.0502	and 617 1609 Florida Statut	on the al	house	named corpo	ration cultimite this statement for the nurnose of chor	vala/	ite 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIREC		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	DP	DELETE	1.1 TITLE		Addition							
NAME	MALINCONICO, LAWRENCE L		1,2 NAME	CULLEN I FRANK H								
STREET ADDRESS	5830 CLOUDSTONE CT		1.3 STREET ADDRESS	1505 DOLPHIN LANE								
CITY-ST-ZIP	NAPLES FL		1.4 CITY - ST - ZIP	NAPLES PL 34102								
TITLE	VPD\$	<b>▼</b> DEL€TE	2.1 TITLE	D ✓ ☐ Change 🔼	Addition							
NAME	SULLEY, TOM		2.2 NAME	LUNG LACEY								
STREET ADDRESS	210 4TH AVENUE N		2.3 STREET ADDRESS	11811 QUAIL VILLAGE HAV								
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP	NAPLES FL 34119								
TITLE	DT	☐ DELETE	3.1 TITLE		Addition							
NAME	BENSON, RICHARD H		3.2 NAME									
STREET ADDRESS	6557 RIDGEWOOD DR		3.3 STREET ADDRESS									
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP	NAPLES FL ZY108								
TITLE	25	DELETE	4.1 TITLE	SHUBERT, SHARYN WILLIAMS Change &	Addition							
NAME	-		4. 2 NAME	SHUBERT, SHARYN WICCHAMS								
STREET ADDRESS			4.3 STREET ADDRESS	641 JACAMA CIRCLE								
CITY-ST-ZIP			4.4 CITY - ST - ZIP	NAPLES FL 3410F								
TITLE		☐ DELETE	5.1 TITLE		Addition							
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY-ST-ZIP									
TITLE		DELETE	6.1 TITLE	Change	Addition							
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY-ST-ZIP			6.4 CITY-ST-ZIP									

14. I 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:

2/4/98

(941)592-7316