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**Feb 24, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 702320

1. Corporation Name  
**FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC.**

Principal Place of Business: 650 CENTRAL AVENUE, NAPLES FL 34102, US  
 Mailing Address: P.O. BOX 2921, NAPLES FL 34106-2921



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/22/1961
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1030780
24 Country	29 Country	Applied For
	30 Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BENSON, RICHARD H 6557 RIDGEWOOD DR NAPLES FL 34100	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34108

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 Richard H. Benson, President DATE 1-8-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CULLEN, FRANK H 1505 DOLPHIN LANE NAPLES FL 34102	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV KING, LACEY 11831 QUAIL VILLAGE AVE NAPLES FL 34119	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT BENSON, RICHARD H 6557 RIDGEWOOD DR NAPLES FL 34108	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S SHUBERT, SHARYN WILLIAM 641 JACANA CIRCLE NAPLES FL 34105	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	C.A. Steens
STREET ADDRESS		5.3 STREET ADDRESS	7650 San Sebastian Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples FL 34109
TITLE		6.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JAY WOLFF
STREET ADDRESS		6.3 STREET ADDRESS	1669 SPOONBILL LANE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NAPLES FL 34105

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, with all other like empowered.

SIGNATURE: Richard H. Benson DATE: 1-8-99 (941) 262-8135

CR2E037 (11/98)