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Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704402 (7)

DUNEDIN FRIENDS OF THE LIBRARY, INC.



Principal Place of Business Mailing Address
DUNEDIN PUBLIC LIBRARY 223 DOUGLAS AVENUE
DUNEDIN FL 34698 DUNEDIN FL 34698-7911

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

3. Date Incorporated or Qualified 08/10/1962 3a. Date of Last Report 04/26/1996
4. FEI Number 59-0242620 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THARIN, ROBERT
272 ABERDEEN
DUNEDIN FL 34698

81 Name BROWN, GEMMY
82 Street Address (P.O. Box Number is Not Acceptable) 1830 OAK CREEK DRIVE
83 DUNEDIN, FL
84 City FL 85 Zip Code 34698

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 *Gemmy Brown* 4-1-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☒ DELETE
NAME THARIN, ROBERT
STREET ADDRESS 272 ABERDEEN
CITY-ST-ZIP DUNEDIN FL 34698
TITLE VPD ☒ DELETE
NAME ARTINGER, DOROTHY
STREET ADDRESS 714 LYNDBURST #214
CITY-ST-ZIP DUNEDIN FL 34698
TITLE SD ☒ DELETE
NAME HARWELL, ISOBEL
STREET ADDRESS 277 LOCKIE
CITY-ST-ZIP DUNEDIN FL
TITLE TD ☒ DELETE
NAME DOMINGO, AMOR M
STREET ADDRESS 85 NEW JERSEY DR
CITY-ST-ZIP DUNEDIN FL 34698
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME BROWN, GEMMY
1.3 STREET ADDRESS 1830 OAK CREEK DRIVE
1.4 CITY-ST-ZIP DUNEDIN, FL 34698
2.1 TITLE VPD ☐ Change ☒ Addition
2.2 NAME YARD, JULIE
2.3 STREET ADDRESS 229 FLORIDA AVE
2.4 CITY-ST-ZIP DUNEDIN, FL 34698
3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME CLOBRIDGE, CAROL
3.3 STREET ADDRESS 1384 GREENWOOD DRIVE
3.4 CITY-ST-ZIP DUNEDIN, FL 34698
4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME MCGARR, PAT
4.3 STREET ADDRESS 2296 MONACO LANE, #22
4.4 CITY-ST-ZIP CLEARWATER, FL 34623
5.1 TITLE TD ☐ Change ☒ Addition
5.2 NAME BEUMER, MARY E.
5.3 STREET ADDRESS 1277 MISSION HILLS BLVD
5.4 CITY-ST-ZIP CLEARWATER, FL 34619
6.1 TITLE ☐ Change ☐ 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.

Mary E. Beumer

CR2E037 (9/96)