

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT # 704402

(7)

1. Corporation Name

DUNEDIN FRIENDS OF THE LIBRARY, INC.



Principal Place of Business

Mailing Address

DUNEDIN PUBLIC LIBRARY
223 DOUGLAS AVENUE
DUNEDIN FL 34698

DUNEDIN PUBLIC LIBRARY
223 DOUGLAS AVENUE
DUNEDIN FL 34698

3. Date Incorporated or Qualified

08/10/1962

4. FEI Number

59-0242620

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, GEMMY
1830 OAK CREEK DR
DUNEDIN FL 34698

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROWN, GEMMY
STREET ADDRESS 1830 OAK CREEK DR
CITY-ST-ZIP DUNEDIN FL
☐ DELETE

1.1 TITLE SD
1.2 NAME Janis Herrmann
1.3 STREET ADDRESS 1637 St. Catherine Dr. E.
1.4 CITY-ST-ZIP Dunedin, FL 34698
☒ Change ☐ Addition

TITLE VPD
NAME YARD, JULIE
STREET ADDRESS 220 FLORIDA AVE
CITY-ST-ZIP DUNEDIN FL
☐ DELETE

2.1 TITLE TD
2.2 NAME Royden Ward
2.3 STREET ADDRESS 130 Patricia Ave. #17
2.4 CITY-ST-ZIP Dunedin, FL 34698
☒ Change ☐ Addition

TITLE SD
NAME CLOBRIDGE, CAROL
STREET ADDRESS 1384 GREENWOOD DR
CITY-ST-ZIP DUNEDIN FL
☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE SD
NAME MCGARR, PAT
STREET ADDRESS 2206 MONRICO LANE, #22
CITY-ST-ZIP CLEARWATER FL
☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE TD
NAME BEUMER, MARY E.
STREET ADDRESS 1277 MISSION HILLS BLVD
CITY-ST-ZIP CLEARWATER FL
☒ DELETE

5.1 TITLE 400000260707
5.2 NAME --08/04/98--01065--028
5.3 STREET ADDRESS ***70.00
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)