FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 704402

1. Corporation Name

DUNERIN EDIENDS OF THE LIBRARY INC.

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90076 014 ****61.25

DONEDI	N FRIENDS OF THE LIBRA	MT, INO.								
Principal Place	e of Business	Mailing Address								
DUNEDIN PUBLIC LIBRARY 223 DOUGLAS AVENUE 223 DOUGLAS AVENUE 224 DOUGLAS AVENUE 225 DOUGLAS AVENUE 226 DUNEDIN FL 34698 DUNEDIN FL 34698										
2. Principal Place of Business		2a. Mailing Address				3. Date Incorporated or Qualifed 08/10/1962				
Suite, Apt.	# atc	Suite, Apt, #, etc.				4. FEI Number			Apr	olied For
22	r, etc.	27				59-0242620			 	Applicable
City & State		City & State				5. Certifcate of Status	Daeirad		\$8.75 A	
23		28				5. Certificate of Status			Fee Re	
Zip				ry		Election Campaign Trust Fund Contribut	-		\$5.00 Added to	
24	9. Name and Address of Curre		30			10. Name and Address		gistered A	_	71003
	o. Hallie and Madros of Call	Trogista de rigoria	8	1 Name	,					
PROMAL OF MAY				2 Street		M ICHALIK, CAROL Idress (P.O. Box Number is Not Acceptable)				
BROWN, GEMMY 1830 OAK CREEK DR						61 DEMARET DRIVE				
DUNEDIN		Ε	3							
55,,25,,,			8	4 City	DUN	ED IN	+	FL	85 Zip 4	8 698
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with and accept the oblig	e of Florida. Such change was au ations of, Section 617.0503, Flori	thonzed t da Statut	es.	ooration	s board or directors. The	ent for the preby accept	urpose of o the appoin	changing its tment as req	registered gistered
	Signature, typed or printed name of registered ag		Registered A	ent signature	required w	rhan reinstating) ADDITIONS/CHANG	FS TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	PD OFFICERS A	ND DIRECTORS A DELETE	1.1 TITLE	 :	TDD		10 10 0111		Change	Addition
NAME	BROWN, GEMMY		1.2 NAM		PD	CHALIK, ECAR	മ്പ			
STREET ADDRESS	1830 OAK CREEK DR									ļ
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY	-ST-ZIP	ĎŬ	61 DEMARET NED IN, FLOR	IDA 3	4698		
TITLE	VPD	☐ DELETE	2.1 TITU		T				Change	Addition
NAME	YARD, JULIE		2.2 NAM	Ē						
STREET ADDRESS			Ti .	ET ADDRESS	\$ 					ļ
CITY-ST-ZIP	DUNEDIN FL		2. 4 CIT	'-ST-ZIP	+ SD				☐ Change	K1 Addition
TITLE NAME	SD Herrmann, Janis	<u> </u>	3.2 NAM			RDMAN, GING	ER			,
STREET ADDRESS				ET ADDRESS	SI	7 WEATHERF				
CITY-ST-ZIP	DUNEDIN FL 34698		3.4. CITY	-ST-ZIP	DU:	NED IN, FLOR	IDA 3	4698		
TITLE	TD	☑ DELETE	4.1 TITL		TTR	XTON, ANÑ			Change	Addition
NAME	ward, royden		4. 2 NAN	E	59	5 MAIN STRE	ET SU	ITE 2	01	
STREET ADDRESS	,			EET ADDRESS		NE IN, FLORI		4698		
CITY-ST-ZIP	DUNEDIN FL 34698	☐ DELETE	4.4 CITY		+-				Change	Addition
TITLE		C) hereig	5.1 TITL. 5.2 NAM		1					
NAME STREET ADDRESS				ET ADDRESS	s				_	
CITY-ST-ZIP			5.4 CITY						•	
TITLE	<u> </u>	☐ DELETE	6.1 TIπ⊔	=	 		.		☐ Change	☐ Addition
NAME			6.2 NAM	Ε.	1					1
STREET ADDRESS	1		5	ET ADDRESS	- 1					Y
STREET WODNESS			6.3 S i R	E I ADURESS	1					1

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: