

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 710356 (7)  
1. Corporation Name  
**SANIBEL PUBLIC LIBRARY, INCORPORATED**



Principal Place of Business: 770 DUNLOP ROAD, SANIBEL FL 33957  
Mailing Address: 770 DUNLOP ROAD, SANIBEL FL 33957

3. Date Incorporated or Qualified: 02/14/1966  
3a. Date of Last Report: 03/27/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-6200187	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALLEN, PATRICIA J 770 DUNLOP ROAD SANIBEL FL 33957				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Patricia J. Allen* PATRICIA J. ALLEN, LIBRARY DIRECTOR 2/21/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	President D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KLAUDT, ERNEST		1.2 NAME	Robert Emmett			
STREET ADDRESS	1602 SERNITY LANE		1.3 STREET ADDRESS	9465 Calla Court			
CITY-ST-ZIP	SANIBEL FL 33957		1.4 CITY-ST-ZIP	Sanibel, FL 33957			
TITLE	1-VD	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BROWN, JODY		2.2 NAME	Erhart Becker			
STREET ADDRESS	9032 MOCKINGBIRD DRIVE		2.3 STREET ADDRESS	1526 Bunting Lane			
CITY-ST-ZIP	SANIBEL FL 33957		2.4 CITY-ST-ZIP	Sanibel, FL 33957			
TITLE	2-VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Member-at-Large D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ANHOLT, BETTY		3.2 NAME	Myron Klein			
STREET ADDRESS	3064 POINCIANA CIRCLE		3.3 STREET ADDRESS	1053 Blue Heron Drive			
CITY-ST-ZIP	SANIBEL FL		3.4 CITY-ST-ZIP	Sanibel, FL 33957			
TITLE	RSD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOERSHEL, PHILLIS		4.2 NAME	50001742985			
STREET ADDRESS	902 LIMPET DRIVE		4.3 STREET ADDRESS	-03/14/96--01046--012			
CITY-ST-ZIP	SANIBEL FL 33957		4.4 CITY-ST-ZIP	***61.25			
TITLE	CSD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Member-at-Large D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BECKER, ERHART		5.2 NAME	Harriet Ringel			
STREET ADDRESS	1526 BUNTING LANE		5.3 STREET ADDRESS	419 Lighthouse Way			
CITY-ST-ZIP	SANIBEL FL		5.4 CITY-ST-ZIP	Sanibel, FL 33957			
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EMMETT, ROBERT		6.2 NAME	Alan Boers			
STREET ADDRESS	9465 CALLA COURT		6.3 STREET ADDRESS	913 Kings Crown Drive			
CITY-ST-ZIP	SANIBEL FL		6.4 CITY-ST-ZIP	Sanibel, FL 33957			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert Emmett* ROBERT EMMETT PRES 2/21/96 472-2433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/NO. PHONE #

CR2E037 (12/95)