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FILED
Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710356 (7)
 1. Corporation Name
SANIBEL PUBLIC LIBRARY, INC.



Principal Place of Business 770 DUNLOP RAOD SANIBEL FL 33957	Mailing Address 770 DUNLOP RAOD SANIBEL FL 33957
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3. Date Incorporated or Qualified 02/14/1966	
4. FEI Number 59-6200187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>N/A</i>	

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	29
25	30

9. Name and Address of Current Registered Agent

ALLEN, PATRICIA J
770 DUNLOP ROAD
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 Patricia J. Allen **PATRICIA J. ALLEN, LIBRARY DIRECTOR** **1-10-98**
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 MULLINS, STEPHEN	1.1 TITLE	TREASURER
NAME	3024 TURTLE GAIT LN	1.2 NAME	ROBERT EMMETT
STREET ADDRESS	SANIBEL FL	1.3 STREET ADDRESS	9465 CALLA COURT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	VPD BECKER, ERHART	2.1 TITLE	DIRECTOR - AT-LARGE
NAME	1526 BUNTING LANE	2.2 NAME	NANCY MADISON
STREET ADDRESS	SANIBEL FL 33957	2.3 STREET ADDRESS	221 DANIEL DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE	D MERRILL, THOMAS	3.1 TITLE	
NAME	2158 EGRET CIRCLE	3.2 NAME	
STREET ADDRESS	SANIBEL FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	RSD MOERSHEL, PHILLIS	4.1 TITLE	
NAME	902 LIMPET DRIVE	4.2 NAME	
STREET ADDRESS	SANIBEL FL 33957	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PERLOWSKI, JOHN	5.1 TITLE	
NAME	5293 UMBRELLA POOL RD	5.2 NAME	
STREET ADDRESS	SANIBEL FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD BOERS, ALAN	6.1 TITLE	
NAME	913 KINGS CROWN DRIVE	6.2 NAME	
STREET ADDRESS	SANIBEL FL 33957	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT EMMETT
1.3 STREET ADDRESS	9465 CALLA COURT
1.4 CITY-ST-ZIP	SANIBEL FL 33957
2.1 TITLE	DIRECTOR - AT-LARGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NANCY MADISON
2.3 STREET ADDRESS	221 DANIEL DRIVE
2.4 CITY-ST-ZIP	SANIBEL FL 33957
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Stephen D. Mullins **1-15-98** **941-472-1483**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (10/97)