

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **729476** (2)

1. Corporation Name

FRIENDS OF THE MIAMI-DADE PUBLIC LIBRARY, INC.



Principal Place of Business	Mailing Address
METRO DADE CULTURAL CENTER 101 WEST FLAGLER STREET MIAMI FL 33130-1504	METRO DADE CULTURAL CENTER 101 WEST FLAGLER STREET MIAMI FL 33130-1504

3. Date Incorporated or Qualified 04/24/1974	3a. Date of Last Report 08/14/1995
4. FEI Number 59-1768521	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MUIR, WILLIAM T.
MIAMI-DADE PUBLIC LIBRARY METRO DADE
CULTURAL CENTER 101 W. FLAGLER ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 of officer or printed name of registered agent with title (delete if not applicable)

Printed Registered Agent signature required when not stating:

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREENFIELD, PRISCILLA	
STREET ADDRESS	3194 VIA ABITARE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADMIRE, RUTH	
STREET ADDRESS	6459 SUNSET DR	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DORSETT, HELEN M	
STREET ADDRESS	5550 N.W. 15TH AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUIR, WILLIAM T	
STREET ADDRESS	3855 STEWART AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, SARA LAXSON	
STREET ADDRESS	2801 SEMINOLE ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, ANNE S	
STREET ADDRESS	519 LORETTO AVE.	
CITY-STATE-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE:

William T. Muir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 1996 (305) 529-1500
DATE Telephone #

CR2E037 (12/95)