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Jun 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 729476
 1. Corporation Name
FRIENDS OF THE MIAMI-DADE PUBLIC LIBRARY, INC.

Principal Place of Business Mailing Address
101 West Flagler Street
Miami, FL 33130

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Country 30

3. Date of Incorporation (QUALIFIED) 3a. Date of Last Report
(INC) (QUAL) 1974/1981

4. FEI Number Applied For
59-1768521 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
William T. Muir
Friends of the Miami-Dade Public Library, Inc.
101 West Flagler Street
Miami, FL 33130

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. (current) OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	William T. Muir	
STREET ADDRESS	550 Biltmore Way, #810	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Priscilla Greenfield	
STREET ADDRESS	3194 Via Abitare	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Helen M. Dorsett	
STREET ADDRESS	18740 NW 11 Place	
CITY-ST-ZIP	Miami, FL 33169	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Anne S. Lee	
STREET ADDRESS	175 Courthouse Ctr, 14 Floor	
CITY-ST-ZIP	Miami, FL 33128	
TITLE	Board Member	<input type="checkbox"/> DELETE
NAME	Ruth Admire	
STREET ADDRESS	6459 Sunset Drive	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	Board Member	<input type="checkbox"/> DELETE
NAME	Georgina Angones	
STREET ADDRESS	1203 Santona Street	
CITY-ST-ZIP	Miami, FL 33146	

13. (current) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Janice Pryor	
1.3 STREET ADDRESS	11055 Snapper Creek Road	
1.4 CITY-ST-ZIP	Miami, FL 33156	
2.1 TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sara Laxson Smith	
2.3 STREET ADDRESS	2801 Seminole Street	
2.4 CITY-ST-ZIP	Miami, FL 33133	
3.1 TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Monsignor Bryan O. Walsh	
3.3 STREET ADDRESS	100 Edgewater Drive	
3.4 CITY-ST-ZIP	Miami, FL 33133	
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		

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14. I do 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: Anne S. Lee *Handwritten Signature* **5/5/97** **(305) 375-5017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)