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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 729476

1. Corporation Name  
**FRIENDS OF THE MIAMI-DADE PUBLIC LIBRARY, INC.**

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

Mailing Address  
 METRO DADE CULTURAL CENTER  
 101 WEST FLAGLER STREET  
 MIAMI FL 33130-1504



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/24/1974</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1768521</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
<b>MUIR, WILLIAM T.</b> <b>MIAMI-DADE PUBLIC LIBRARY METRO DADE</b> <b>CULTURAL CENTER 101 W. FLAGLER ST.</b> <b>MIAMI FL 33130</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD GREENFIELD, PRISCILLA	1.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3194 VIA ABITARE	1.2 NAME	Georgina Angones
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	1203 Santona Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, Fl 33146
TITLE	D ADMIRE, RUTH	2.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6459 SUNSET DR	2.2 NAME	Janice Pryor
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	11055 Snapper Creek Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Fl 33156
TITLE	SD DORSETT, HELEN M	3.1 TITLE	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5550 N.W. 15TH AVE.	3.2 NAME	Monsignor Bryan O. Walsh
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	100 Edgewater Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Fl 33133
TITLE	PD MUIR, WILLIAM T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3855 STEWART AVE.	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SMITH, SARA LAXSON	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2801 SEMINOLE ST	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T LEE, ANNE S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	519 LORETTO AVE.	6.2 NAME	
STREET ADDRESS	CORAL GABLES FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Anne S. Lee *ANNE S. LEE* 03/02/99 (305) 375-5017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)