

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR -9 AM 9:01**

**DOCUMENT # 732740 (6)**  
1. Corporation Name  
**FRIENDS OF THE ORANGE COUNTY LIBRARY SYSTEM, INC**

Principal Place of Business Mailing Address  
101 E. CENTRAL BLVD. 101 E. CENTRAL BLVD.  
ORLANDO FL 32801 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/07/1975</b>	3a. Date of Last Report <b>02/16/1994</b>
4. FEI Number <b>59-1645400</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

**9. Name and Address of Current Registered Agent**  
**MURRU, LAURA J**  
**ORANGE COUNTY LIBRARY SYS. CMTY RELATIONS**  
**101 E CENTRAL BLVD**  
**ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>SHERMAN, CREE</b>
STREET ADDRESS	<b>615 E RICHMOND ST</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>FRENIER, RAY</b>
STREET ADDRESS	<b>1505 LANCASTER DR</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>TD</b>
NAME	<b>SANDERS, WILFRED</b>
STREET ADDRESS	<b>227 N MEAGNOLIA AVE 203</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>BUCKNER, L. ROBERT</b>
STREET ADDRESS	<b>009 SWEETBRIAR RD</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>PD</b>
NAME	<b>AINSWORTH, CHRISTINE</b>
STREET ADDRESS	<b>300 SHEPARD RD</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>SD</b>
NAME	<b>MINEAR, MAX</b>
STREET ADDRESS	<b>2903 BRIDGEGATE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>

**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 - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SD</b>
6.3 STREET ADDRESS	<b>HOFMA, EDWARD</b>
6.4 CITY - ST - ZIP	<b>3806 Wyláwood Lane</b> <b>Orlando, FL. 32806</b>

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 110.07(3)(4), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine Ainsworth* 2/20/95 425-4594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Month/Day/Year) (Telephone #)  
**Christine Ainsworth, President**