

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 05/07/1975	3a. Date of Last Report 02/16/1994
4. FEI Number 59-1645400	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHERMAN, CREE
STREET ADDRESS	615 E RICHMOND ST
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	FRENIER, RAY
STREET ADDRESS	1505 LANCASTER DR
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	SANDERS, WILFRED
STREET ADDRESS	227 N MEAGNOLIA AVE 203
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	BUCKNER, L. ROBERT
STREET ADDRESS	009 SWEETBRIAR RD
CITY - ST - ZIP	ORLANDO FL
TITLE	PD
NAME	AINSWORTH, CHRISTINE
STREET ADDRESS	300 SHEPARD RD
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	MINEAR, MAX
STREET ADDRESS	2903 BRIDGEGATE
CITY - ST - ZIP	ORLANDO 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 - 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	SD
6.3 STREET ADDRESS	HOFMA, EDWARD
6.4 CITY - ST - ZIP	3806 Wylwood Lane Orlando, FL. 32806

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)(b), 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) (Mailing Phone #)
Christine Ainsworth, President