

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

3. Date Incorporated or Qualified **05/07/1975** 3a. Date of Last Report **03/09/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-1645400** Applied For Not Applicable  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
23. Zip Country 28. Zip Country 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
24. 25. 29. 30. 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**MURRU, LAURA J**  
**ORANGE COUNTY LIBRARY SYS. CMTY RELATIONS**  
**101 E CENTRAL BLVD**  
**ORLANDO FL 32801**  
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 \_\_\_\_\_ (Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHERMAN, CREE</b>	12 NAME	<b>DICKINSON, JOY</b>
STREET ADDRESS	<b>615 E RICHMOND ST</b>	13 STREET ADDRESS	<b>614 1/2 E. WASHINGTON ST.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	14 CITY-ST-ZIP	<b>ORLANDO, FLORIDA 32801</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRENIER, RAY</b>	22 NAME	
STREET ADDRESS	<b>1505 LANCASTER DR</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	24 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, WILFRED</b>	32 NAME	
STREET ADDRESS	<b>227 N MEAGNOLIA AVE 203</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKNER, L. ROBERT</b>	42 NAME	
STREET ADDRESS	<b>909 SWEETBRIAR RD</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	44 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AINSWORTH, CHRISTINE</b>	52 NAME	
STREET ADDRESS	<b>300 SHEPARD RD</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	54 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOFMAN, EDWARD</b>	62 NAME	<b>MINEAR, MAX</b>
STREET ADDRESS	<b>3806 WYLDWOOD LANE</b>	63 STREET ADDRESS	<b>2903 BRIDGEGATE CT.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	64 CITY-ST-ZIP	<b>ORLANDO, FLORIDA 32822</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 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 if changed, or on an attachment with an address.

SIGNATURE: Christine Ainsworth 1/21/96 407/425-4694x497  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Christine Ainsworth, President**

CR2E037 (12/95)