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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732740 (6)

1. Corporation Name
FRIENDS OF THE ORANGE COUNTY LIBRARY SYSTEM, INC



Principal Place of Business 101 E. CENTRAL BLVD. ORLANDO FL 32801	Mailing Address 101 E. CENTRAL BLVD. ORLANDO FL 32801-2462
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1975	3a. Date of Last Report 01/31/1996
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.	4. FEI Number 59-1645400		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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
Hoffman, Marilyn

82 Street Address (P.O. Box Number is Not Acceptable)
Orange County Library Sys. Cmty Relations

83 **101 E. Central Blvd.**

84 City
Orlando FL 85 Zip Code
32801

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 *Marilyn Hoffman* DATE **3/20/97**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DICKINSON, JOY	
STREET ADDRESS	614 1/2 EAST WASHINGTON STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRENIER, RAY	
STREET ADDRESS	1505 LANCASTER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANDERS, WILFRED	
STREET ADDRESS	227 N MEAGNOLIA AVE 203	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKNER, L. ROBERT	
STREET ADDRESS	909 SWEETBRIAR RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AINSWORTH, CHRISTINE	
STREET ADDRESS	300 SHEPARD RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MINEAR, MAX	
STREET ADDRESS	2803 BRIDGEGATE COURT	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dickinson, Joy	
1.3 STREET ADDRESS	614 1/2 E. Washington Street	
1.4 CITY-ST-ZIP	Orlando, FL 32801	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hofma, Edward	
2.3 STREET ADDRESS	3806 Wylwood Lane	
2.4 CITY-ST-ZIP	Orlando, FL 32806	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E037 (9/96)