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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)

T. 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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3. Date Incorporated or Qualified 05/07/1975		3a. Date of Last Report 01/31/1996	
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 25 Sulte, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country	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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	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	85 Zip Code	FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, JOY	1.2 NAME	Dickinson, Joy
STREET ADDRESS	614 1/2 EAST WASHINGTON STREET	1.3 STREET ADDRESS	614 1/2 E. Washington Street
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRENIER, RAY	2.2 NAME	Hofma, Edward
STREET ADDRESS	1505 LANCASTER DR	2.3 STREET ADDRESS	3806 Wylwood Lane
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, WILFRED	3.2 NAME	
STREET ADDRESS	227 N MEAGNOLIA AVE 203	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKNER, L. ROBERT	4.2 NAME	
STREET ADDRESS	909 SWEETBRIAR RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AINSWORTH, CHRISTINE	5.2 NAME	
STREET ADDRESS	300 SHEPARD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINEAR, MAX	6.2 NAME	
STREET ADDRESS	2803 BRIDGEGATE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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)