


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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> 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 <b>101 E. CENTRAL BLVD. ORLANDO FL 32801</b>	Mailing Address <b>101 E. CENTRAL BLVD. ORLANDO FL 32801</b>
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3. Date Incorporated or Qualified  
**05/07/1975**

4. FEI Number  
**59-1645400**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>26</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

**9. Name and Address of Current Registered Agent**

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

**HOFFMAN, MARILYN**  
**ORANGE COUNTY LIBRARY SYS. CMTY RELATIONS**  
**101 E CENTRAL BLVD**  
**ORLANDO FL 32801**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 *Marilyn Hoffman* **3/4/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>DICKINSON, JOY</b>	
STREET ADDRESS <b>614 1/2 EAST WASHINGTON STREET</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FRENIER, RAY</b>	
STREET ADDRESS <b>1505 LANCASTER DR</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
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>	<input checked="" type="checkbox"/> DELETE
NAME <b>BUCKNER, L. ROBERT</b>	
STREET ADDRESS <b>909 SWEETBRIAR RD</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>HOFMA, EDWARD</b>	
STREET ADDRESS <b>3806 WYLDWOOD LANE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>MINEAR, MAX</b>	
STREET ADDRESS <b>2903 BRIDGEGATE COURT</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	

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 <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Frederick Pfeiffer</b>	
3.3 STREET ADDRESS <b>2659 Lake Shore Drive</b>	
3.4 CITY-ST-ZIP <b>Orlando, FL</b>	
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 checked="" type="checkbox"/> Addition
6.2 NAME <b>Bob Dilg</b>	
6.3 STREET ADDRESS <b>525 W. Yale Street</b>	
6.4 CITY-ST-ZIP <b>Orlando, FL</b>	

14. I 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.

SIGNATURE: *Joy Dickinson* **3/4/98**

CFR2E037 (10/97)