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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732740

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/07/1975

4. FEI Number
 59-1645400

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

HOFFMAN, MARILYN
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

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 *Marilyn Hoffman*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/18/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME DICKINSON, JOY
 STREET ADDRESS 614 1/2 EAST WASHINGTON STREET
 CITY-ST-ZIP ORLANDO FL

TITLE D DELETE

NAME FRENIER, RAY
 STREET ADDRESS 1505 LANCASTER DR
 CITY-ST-ZIP ORLANDO FL

TITLE TD DELETE

NAME PFEIFFER, FREDERICK
 STREET ADDRESS 2659 LAKE SHORE DR
 CITY-ST-ZIP ORLANDO FL

TITLE VD DELETE

NAME HOFMA, EDWARD
 STREET ADDRESS 3806 WYLDWOOD LANE
 CITY-ST-ZIP ORLANDO FL

TITLE D DELETE

NAME DILG, BOB
 STREET ADDRESS 525 YALE ST
 CITY-ST-ZIP ORLANDO FL

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME D Dickinson, Joy
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME President
 Hofma, Ed
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME VD
 Kennedy, Cathy
 6.3 STREET ADDRESS 5000 Saint Germaine Avenue
 6.4 CITY-ST-ZIP Orlando, FL 32812

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99

Date

Daytime Phone #

407 896-4510

CR2E037 (1/98)