

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

3-7-95 B-1905 XC

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:47

DOCUMENT # 733592 (0)

1. Corporation Name

FRIENDS OF THE BROWARD COUNTY LIBRARY, INC.

Principal Place of Business

Mailing Address

1005 ANDREWS AVE
FT LAUDERDALE FL 33301

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FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1975

3a. Date of Last Report

02/23/1994

4. FEI Number

59-2214644

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental Tax Exempt Status Fee Not Required

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

BURKE, ANNA, MAE, WALSH
BANK ATLANTIC BLDG 3RD FLOOR
1750 E SUNRISE BLVD
FORT LAUDERDALE FL 33304

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HAMILTON, CLINTON D
STREET ADDRESS	7220 NW 5TH COURT
CITY- ST- ZIP	PLANTATION, FL 00000
TITLE	TD
NAME	WEXLER, SYDNA
STREET ADDRESS	2800 NE 41ST COURT
CITY- ST- ZIP	FT LAUDERDALE, FL 00000
TITLE	PD
NAME	WOLFMAN, JUDITH
STREET ADDRESS	640 SW 62ND AVE
CITY- ST- ZIP	PLANTATION FL
TITLE	VD
NAME	CHADWICK, HELEN
STREET ADDRESS	1744 SE 9TH ST
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	RSD
NAME	ERICKSON, ANNA, LEE
STREET ADDRESS	2799 NW 69TH AVE
CITY- ST- ZIP	SUNRISE FL
TITLE	D
NAME	BURKE, ANNA MAE WALSH
STREET ADDRESS	1750 E SUNRISE BLVD
CITY- ST- ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information included 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:

Judith Wolfman Judith Wolfman 2-24-95 305-797-8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #