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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 733592 (0)  
1. Corporation Name  
FRIENDS OF THE BROWARD COUNTY LIBRARY, INC.



Principal Place of Business: 100S ANDREWS AVE FT LAUDERDALE FL 33301  
Mailing Address: 100S ANDREWS AVE FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 08/15/1975  
4. FEI Number: 59-2214644  
5. 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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country  
2a. Mailing Address: 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country  
9. Name and Address of Current Registered Agent: 29

9. Name and Address of Current Registered Agent:  
BURKE, ANNA, MAE, WALSH  
BANK ATLANTIC BLDG 3RD FLOOR  
1750 E SUNRISE BLVD  
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent:  
81 Name: Hannah Wilner  
82 Street Address (P.O. Box Number Is Not Acceptable): 100 S Andrews Ave  
83  
84 City: Fort Lauderdale FL 85 Zip Code: 33301

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: *Hannah Wilner* (Signature, typed or printed name of registered agent and title if applicable)  
Hannah Wilner, Administrative Director 3-5-98 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD HAMILTON, CLINTON D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7220 NW 5TH COURT	1.2 NAME	
STREET ADDRESS	PLANTATION, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD EUNORE SULLIVAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	405 N OCEAN BLVD #217	2.2 NAME	
STREET ADDRESS	POMPANO BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD WOLFMAN, JUDITH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	640 SW 62ND AVE	3.2 NAME	
STREET ADDRESS	PLANTATION FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD CHADWICK, HELEN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1744 SE 9TH ST	4.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	RSD ERICKSON, ANNA, LEE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2709 NW 69TH AVE	5.2 NAME	
STREET ADDRESS	SUNRISE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BURKE, ANNA MAE WALSH	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1750 E SUNRISE BLVD	6.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Hannah Wilner* 1-30-98 954-797-8831  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0081544

CR2E037 (10/97)