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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 733592 1. Corporation Name

FRIENDS OF THE BROWARD COUNTY LIBRARY, INC.

Principal Place of Business
100S ANDREWS AVE
ET LAUDERDALE EL 33301

Mailing Address

100S ANDREWS AVE FT LAUDERDALE FL 33301

## **FILED** Mar 09, 1999 8:00 am § Secretary of State

03-09-1999 90019 013 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 08/15/1975				
1		26			4. FEI Number	l Ann	lied For		
Suite, Apt. #, etc. Suite, Apt. #, etc.					59-2214644	<del></del>	Applicable		
22		27			35-22 14044	<del></del>			
City & State					5. Certificate of Status Desired Status Desired Fee Required				
	Zip Country Zip Coun			ry	6. Election Campaign Financing	\$5.00	Viay Be		
	25 29 30				Trust Fund Contribution	Added to	Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent			
				1 Name		•			
AND ASSESSMENT ASSESSM				DOLON A Address (D.O. Rev Number is Alet Accountable)					
WILNER, HANNAH				82 Street Address (P.O. Box Number is Not Acceptable)					
100 S ANDREWS AVE				3					
1750 E SUNRISE BLVD									
FT LAUDERDALE FL 33301				4 City	FL 85 Zip Code				
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the abo	ve-named	corporation submits this statement for the purpose	of changing its	registered		
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		MANUAL MA	E. Busintered A	ant sinnahan r	required when reinstating) DATE		[		
12.	Signature, typed or printed name of registered agent OFFICERS ANI	······································	13.	Polit pilly attendi	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	RS IN 12		
		DELETE	1.1 TITLE	:		[ ] Change	Addition		
TITLE	CD						_		
NAME	HAMILTON, CLINTON D		1.2 NAM		•		[		
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CITY-ST-ZIP	1 111			-ST-ZIP					
TITLE			3.1 TTTL		: '7	Change_	Addition [		
NAME	WOLFMAN, JUDITH		3.2 NAM	Ē			1		
STREET ADDRESS	640 SW 62ND AVE		3.3 STR	ET ADDRESS	Į.		1		
	PLANTATION FL		34 C(T)	-ST-ZIP		•	ļ		
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į	• •		4.2 NAA			•	1		
NAME	CHADWICK, HELEN		l i	EET ADDRESS			l		
STREET ADDRESS	1744 SE 9TH ST						ļ		
C/TY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE		- ST- ZIP		Change	Addition		
TITLE	RSD		5.1 TITL: 5.2 NAM			onenge			
NAME	ERICKSON, ANNA, LEE				·				
STREET ADDRESS	2799 NW 69TH AVE			ET ADDRESS					
CITY-ST-ZIP	SUNRISE FL	<u> </u>	5.4 CITY				L-1 V-1:1:1		
TITLE		☐ DELETE	6.1 TITL		,	Change	Addition		
NAME			6.2 NAM	E		-	Ì		
STREET ADDRESS			6.3 STR	ET ADDRESS					
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	•				
J., J1- L1	L			·	Jan Cartina 440 07/21/0 Flands Chatutan I forthers	artify that the in	6		

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: