

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742028 (4)

1. Corporation Name

FRIENDS OF THE LIBRARY OF ST. JOHNS COUNTY, INC.



Principal Place of Business

Mailing Address

1 AVISTA CIRCLE
P.O. BOX 3122
ST. AUGUSTINE FL 32084-3806

1 AVISTA CIRCLE
P.O. BOX 3122
ST. AUGUSTINE FL 32084-3806

3. Date Incorporated or Qualified
03/16/1978

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1793454

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

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

KININGHAM, BEN D.
1 AVISTA CIRCLE
ST. AUGUSTINE FL 32084

(Deceased)

JIM DILBECK
3125 Agriculture Dr.
St Augustine, FL

81

Name

Paul Fagundo

82

Street Address (P.O. Box Number is Not Acceptable)

407 C St.

83

84

City

St. Augustine

FL

85

Zip Code

32084

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

Paul Fagundo

(NOTE: Registered Agent's signature required when resigning)

DATE

3-15-96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P U
NAME FAGUNDO, PAUL [FAGUNDO]
STREET ADDRESS 407 C ST.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE VP
NAME DILBECK, JIM
STREET ADDRESS 3125 AGRICULTURE DR.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D
NAME ROSS, BILLY
STREET ADDRESS 315 ALCAZAR ST.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE T
NAME PRESTON, MARY LOU
STREET ADDRESS 3775 US 1 SO #4
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D E
NAME NADAR, NICK NICHOLAS NADER
STREET ADDRESS 200 ALCAZAR ST
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D
NAME MEISER, DORIS [MEISZER]
STREET ADDRESS 252 REDFISH CREEK DR.
CITY-ST-ZIP ST. AUGUSTINE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Barbara Stout
VP
890 Alt Boh Blvd
St Augustine, FL 32084

Secretary
Nadar, Doris [MEISZER]
252 Redfish Creek Dr.
St. Augustine FL 32084

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 119.07(3)(k), 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:

Mary Lou Preston

MARY LOU PRESTON

7/15/96 904 797-2830

CR2E037 (12/95)