

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **745900** (1)

1. Corporation Name

FRIENDS OF THE MONROE COUNTY PUBLIC LIBRARY IN KEY WEST, FLORIDA, INC.

Principal Place of Business

**700 FLEMING ST.
KEY WEST FL 33040-6828**

Mailing Address

**P. O. BOX 4691
KEY WEST FL 33041
US**



3. Date Incorporated or Qualified

02/12/1979

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **1025 FLEMING ST.**

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

33040 USA

4. FEI Number

59-1897084

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

**CLEMENTS, THOMAS
1025 FLEMING ST.
KEY WEST FL 33040**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **JACOBSON, BARBARA**
STREET ADDRESS **618 GRINNELL**
CITY-ST-ZIP **KEY WEST FL**

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME **MICHAEL MILLER**
1.3 STREET ADDRESS **625 ANGELA ST**
1.4 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **D** ☒ DELETE
NAME **CLAIBORNE, ROSS**
STREET ADDRESS **1029 CATHERINE STREET**
CITY-ST-ZIP **KEY WEST FL**

2.1 TITLE **V/D** ☐ Change ☒ Addition
2.2 NAME **JUNE NELSON**
2.3 STREET ADDRESS **1800 ATLANTIC BLVD, A-300**
2.4 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **D** ☐ DELETE
NAME **CLEMENTS, THOMAS**
STREET ADDRESS **1025 FLEMING**
CITY-ST-ZIP **KEY WEST FL**

3.1 TITLE **T/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HARDING, LYNN**
STREET ADDRESS **3531 EAGLE AVENUE**
CITY-ST-ZIP **KEY WEST FL**

4.1 TITLE **S/D** ☐ Change ☒ Addition
4.2 NAME **MARGE CHAPIN**
4.3 STREET ADDRESS **3-A 12TH AVE.**
4.4 CITY-ST-ZIP **KEY WEST, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

THOMAS CLEMENTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS CLEMENTS

7/23/96 207-374-5546

Date

Daytime Phone #

CR2E037 (3/96)