


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. McDaniel Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 749397 (6) 1. Corporation Name FRIENDS OF THE LARGO LIBRARY, INC.			
Principal Place of Business 351 EAST BAY DRIVE LARGO FL 34640-33770		Mailing Address 351 EAST BAY DRIVE LARGO FL 33770-3715	
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	
3. Date Incorporated or Qualified 10/18/1979		3a. Date of Last Report 02/14/1996	
4. FEI Number 59-2386991		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PECAREK, JOHN, ATTORNEY AT LAW 200 CLEARWATER-LARGO ROAD SW LARGO FL 34640		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P <input type="checkbox"/> DELETE NAME WILKINS, MYRTLE STREET ADDRESS 2465 KEENE BLVD. DR. CITY-ST-ZIP LARGO, FL 00000 34643		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE V <input type="checkbox"/> DELETE NAME STEVENS, RENA STREET ADDRESS 236 LARK DR. S.W. CITY-ST-ZIP LARGO FL 34648		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE T <input checked="" type="checkbox"/> DELETE NAME BIRKHOLZ, GERDA STREET ADDRESS 2004 7TH PLACE S.W. CITY-ST-ZIP LARGO FL 34640		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME LIANNE S. ONG 3.3 STREET ADDRESS 1178 BREEZE DR. 3.4 CITY-ST-ZIP LARGO, FL 33770	
TITLE AT <input type="checkbox"/> DELETE NAME PORTER, KATHRYN STREET ADDRESS 608 7TH AVE. N.W. CITY-ST-ZIP LARGO FL 34640		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE RS <input type="checkbox"/> DELETE NAME BURGESS, RUTH STREET ADDRESS 19417 GULF BLVD CITY-ST-ZIP INDIAN ROCKS BCH FL		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME DONALDSON, EMILY STREET ADDRESS 105 HARBOR VIEW LANE CITY-ST-ZIP LARGO FL 34640		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 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: <u>Lianne S. Ong</u> 01-13-97 813-587-6715, EXT. 2501 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049580			

CR2E037 (9/96)