

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 755969 (3)

1. Corporation Name

FRIENDS OF THE Ocala PUBLIC LIBRARY, INC.



Principal Place of Business

Mailing Address

15 SE OSCEOLA AVENUE
C/O FRANCES KOLONIA
OCALA FL 34471

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C/O FRANCES KOLONIA
OCALA FL 34471

3. Date Incorporated or Qualified
01/20/1981

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
59-2032196

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KOLONIA, FRANCES~~ JACKSON, PEACHIE
15 SE OSCEOLA AVENUE - Mail
OCALA FL

81 Name Peachie W. Jackson
82 Street Address (P.O. Box Number is Not Acceptable)
4123 N.W. 2nd St.
83
84 City Ocala FL 85 Zip Code 34482

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 617.0501, Florida Statutes.

SIGNATURE

Peachie W. Jackson PRES.

June 4, 1996

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	<input checked="" type="checkbox"/> DELETE
NAME	FITOS, BARBARA
STREET ADDRESS	3990 S.E. 22ND AVE.
CITY-ST-ZIP	OCALA FL 34471
TITLE	<input type="checkbox"/> DELETE
NAME	LEVIS, RAE
STREET ADDRESS	2069 S.E. 37TH COURT CIRCLE
CITY-ST-ZIP	OCALA FL 34471
TITLE	<input type="checkbox"/> DELETE
NAME	DAME, ILA JO
STREET ADDRESS	4010 NE 11TH ST
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	SWANSON, VIVIEN
STREET ADDRESS	729 NE 17TH TERRACE
CITY-ST-ZIP	OCALA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GADD, BETTY JEAN
STREET ADDRESS	1147 S.E. 14TH ST.
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> DELETE
NAME	KOLONIA, FRANCES
STREET ADDRESS	1760 NW 114TH LOOP
CITY-ST-ZIP	OCALA FL

1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PEACHIE JACKSON
1.3 STREET ADDRESS	16 00th 10th 4123 NW 2nd ST
1.4 CITY-ST-ZIP	OCALA FL 34482
2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LINDA GRUBER
2.3 STREET ADDRESS	5001 SE 9th STREET
2.4 CITY-ST-ZIP	OCALA FL 34471
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:

Barbara Fitos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA FITOS TREASURER

4/29/96 (352) 629 8553

Date: 05 31 1996

CR2E037 (12/95)