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FILED
Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755969
1. Corporation Name

FRIENDS OF THE OCALA PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
15 SE OSCEOLA AVENUE OCALA FL 34471	15 SE OSCEOLA AVENUE OCALA FL 34471

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2032196	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
01/20/1981	04/29/1996

9. Name and Address of Current Registered Agent

JACKSON, PEACHIE W.
4123 NW 2nd STREET
OCALA FL 34482

10. Name and Address of New Registered Agent

81 Name	KOLONIA, FRANCES A.
82 Street Address (P.O. Box Number is Not Acceptable)	1760 NW 114th LOOP
83	
84 City	OCALA
85 Zip Code	FL 34475

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: **FRANCES KOLONIA** *Frances A. Kolonia* June 12, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P.	<input type="checkbox"/> DELETE
NAME	LEVIS, RAE	
STREET ADDRESS	2069 SE 37th Court Circle	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KNOIZEN, FRANCES	
STREET ADDRESS	13311 SE SUNSET HARBOR ROAD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRUBER, LINDA	
STREET ADDRESS	5601 SE 9th STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOLONIA, FRANCES	
STREET ADDRESS	1760 NW 114th LOOP	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FITOS, BARBARA	
STREET ADDRESS	3990 SE 22nd AVENUE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWANSON, VIVIEN	
STREET ADDRESS	709 NW 11th STREET	
CITY-ST-ZIP	OCALA FL 34470	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	400002216174
6.4 CITY-ST-ZIP	-06/18/97--01067--034
	***\$1.25

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 contained in this annual report 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 the Florida Business Directory on an attachment with an address.

SIGNATURE: **LINDA C. GRUBER** *Linda C. Gruber* 6-12-97 352-694-7271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)