


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755969 (3)
1. Corporation Name
FRIENDS OF THE Ocala PUBLIC LIBRARY, INC.

Principal Place of Business 15 SE OSCEOLA AVENUE OCALA FL 34471	Mailing Address 15 SE OSCEOLA AVENUE OCALA FL 34471
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3. Date Incorporated or Qualified 01/20/1981	
4. FEI Number 59-2032196	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**KOLONIA FRANCES A
JACKSON, FRANCIS A
1760 NW 114TH LOOP
OCALA FL 34475**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITOS, BARBARA	1.2 NAME	RAE LEVIS
STREET ADDRESS	3090 S.E. 22ND AVE.	1.3 STREET ADDRESS	2069 SE 37th COURT CIRCLE
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	OCALA FL 34471
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOIZEN, FRANCES	2.2 NAME	
STREET ADDRESS	13311 SE SUNSET HARBOR ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEIRSDALE FL 32195	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, LINDA	3.2 NAME	
STREET ADDRESS	5601 SE 90TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, VIVEN	4.2 NAME	
STREET ADDRESS	729 NE 17TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, PEACHIE	5.2 NAME	
STREET ADDRESS	4123 NW 2ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLONIA, FRANCES	6.2 NAME	
STREET ADDRESS	1760 NW 114TH LOOP	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Linda C. Gruber* **LINDA C. GRUBER** 2-11-98 352-1694-7271

CP2E037 (10/97)