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**Feb 24, 1999 8:00 am**  
**Secretary of State**

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FORM 1-98

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 760887

1. Corporation Name  
**FRIENDS OF THE BOYNTON BEACH CITY LIBRARY, INC.**

Principal Place of Business Mailing Address  
 208 S SEACREST BLVD 208 S SEACREST BLVD  
 BOYNTON BCH FL 33435 BOYNTON BCH FL 33435



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/03/1981
22	City & State	City & State	4. FEI Number
	Zip	Country	59-2276356
23	Country	Country	Applied For
	Zip	Country	Not Applicable
24	Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
25	Country	Country	\$8.75 Additional Fee Required
26	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
27	Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VIRGINIA K. FARACE 208 S. SEACREST BLVD. BOYNTON BEACH FL 33435		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLERICO, MARY	1.2 NAME	Maryann Tata
STREET ADDRESS	2008 S. FEDERAL HWY. #C204	1.3 STREET ADDRESS	2637 SW 23 Cranbrook Ct
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Boynton Bch, FL 33436
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OPPENHEIMER, BOBBI	2.2 NAME	Virginia Doerbecker
STREET ADDRESS	62-C EASTGATE LANE	2.3 STREET ADDRESS	1707 Banyon Creek Ct.
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	Boynton Bch, FL 33436
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, BETTY A	3.2 NAME	
STREET ADDRESS	636 W OCEAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CONNIE SWENDSEEN	4.2 NAME	
STREET ADDRESS	10520 LIMEBERRY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK G. ARMSTRONG	5.2 NAME	Elizabeth L. Armstrong
STREET ADDRESS	4376 PINE TREE DR.	5.3 STREET ADDRESS	4376 Pine Tree Dr.
CITY-ST-ZIP	BOYNTON BCH, FL 00000	5.4 CITY-ST-ZIP	Boynton Bch, FL 33436
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIEL, BENNI	6.2 NAME	
STREET ADDRESS	897 SUNDECK WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH 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)(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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 1/11/99 561-364-0609  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)