**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:45

DOCUMENT # **N16535** **(9)**

1. Corporation Name
**FRIENDS OF THE NAVARRE COMMUNITY LIBRARY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1917 HOLLEY NAVARRE SCHOOL ROAD<br>NAVARRE FL 32566 | 1917 HOLLEY NAVARRE SCHOOL ROAD<br>NAVARRE FL 32566 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/19/1986**
3a. Date of Last Report: **02/02/1994**
4. FEI Number: **07-0028700** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANDLER, MICHAEL
1905 WILLIAMS CREEK DR.
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 | C | 11 TITLE | P | ☒ Change ☐ Addition |
| NAME | SANDLER, MICHAEL | 12 NAME | | |
| STREET ADDRESS | 1905 WILLIAMS CREEK DR. | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | NAVARRE FL | 14 CITY-ST-ZIP | | |
| TITLE | VC | 21 TITLE | 1 VP | ☒ Change ☐ Addition |
| NAME | SANDLER, NANCY | 22 NAME | KNOWLING, BARBARA | |
| STREET ADDRESS | 1905 WILLIAMS CREEK RD. | 23 STREET ADDRESS | 1661 TIDEWATER LANE | |
| CITY-ST-ZIP | NAVARRE FL | 24 CITY-ST-ZIP | NAVARRE FL 32566 | |
| TITLE | S | 31 TITLE | 2 VP | ☒ Change ☐ Addition |
| NAME | FOWLER, BETSY | 32 NAME | MAJORS, THOMAS J. | |
| STREET ADDRESS | 2359 VALLEY RD. | 33 STREET ADDRESS | 2363 VALLEY ROAD | |
| CITY-ST-ZIP | NAVAREE FL | 34 CITY-ST-ZIP | NAVARRE FL 32566 | |
| TITLE | T | 41 TITLE | T/S | ☒ Change ☐ Addition |
| NAME | BROWN, SHIRLEY | 42 NAME | SANDLER, NANCY | |
| STREET ADDRESS | 2617 ANDORA | 43 STREET ADDRESS | 1905 WILLIAMS CREEK DR | |
| CITY-ST-ZIP | NAVARRE FL | 44 CITY-ST-ZIP | NAVARRE FL 32566 | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | DELLNER, BETTE | 52 NAME | | |
| STREET ADDRESS | 2204 WEDGEWOOD CT. | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | NAVARRE FL | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | D | ☒ Change ☐ Addition |
| NAME | MAJORS, THOMAS 2363 VA | 62 NAME | DRUGGISH, RUTH | |
| STREET ADDRESS | 85 NINA STREET | 63 STREET ADDRESS | 2236 NINA STREET | |
| CITY-ST-ZIP | NAVARRE FL | 64 CITY-ST-ZIP | NAVARRE FL 32566 | |

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)(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:** MICHAEL J. SANDLER 23 MAR 95 904-939-6973
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007B182