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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N16535

(9)

FRIENDS OF THE NAVARRE COMMUNITY LIBRARY, INC.											
Principal Place of Business Mailing Address								T LOUDINGUL MUL ILULU BILUF BRIBU DILOL OL	AN DIDAK BIDIH DIRIN BADAK	41611 01611 1601	
ı	917 HOLLEY IAVARRE FL	NAVARRE SCHOOL ROAD 32566	1917 HOLLEY NAVARRE NAVARRE FL 32566	1917 HOLLEY NAVARRE SCHOOL ROAD NAVARRE FL 32566							
							3. Date Incorporated or Qualified 08/19/1986	3ε. Date of Last 03/30/19			
⊢	•	pal Place of Business 2a. Mailing Address						4. FEI Number	1	Applied For	
21		1917 Navarre School Road 26 P.O. Box 52						07-0028700		Not Applicable	
22	Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	1	Additional	
H	City & State City & State							6. Election Campaign Financing		Required	
23	Navai	re-FL	20					Trust Fund Contribution		May Be d to Fees	
ļ	Zip	Count	Zip	Zip Country				B. This corporation has liability for inta	angible tax under s.	199.032,	
24	32566 25 SantaRosa		29 32566	11			sa	Florida Statutes	Yes 😾 No		
_	9. Name and Addre of Current Registered Agent					10. Name and Address of New			tegistered Agent		
CANDI CO MICHAEL						Name Thomas J. Majors					
SANDLER, MICHAEL 1905 WILLIAMS CREEK DR.					82 Street Addre			s (P.O. Box Number is Not Acceptable)		****	
NAVARRE FL 32566								2363 Valley Road			
WAYARRE FL 32300					83						
					84	City	Nava	arre	FL 85 Zi	Code 566	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the construction of the state of Florida Statutes, the construction of the state of Florida Statutes and Statutes and Statutes are stated in the State of Florida Statutes and State of Florida Statutes and State of Florida State						e above-named corporation submits this statement for the			se of changing its r	egistered office	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 appointn familiar with, and accept the obligations of Section 617.0503, Florida Statutes.								tnier t as registered	agent. I am		
SIGNATURE CALLED A MICHAEL -						gistered Agent signature required when reinsta			2/26	196	
12			nt and title if applicable. (NOT		tered Agen	signature r	equired w	hen reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DIDECTO	DO IN 46	
TIT		P	DELETE		.1 TITLE	P	Pre	sident	Change	Addition	
NAI	NE	CANDLED MICHAEL						ors, Thomas J	Est onlinge		
STR	REET ADDRESS	1905 WILLIAMS CREEK DR.			3 STREET	ADDRESS	_	3 Valley Road			
CIT	Y-ST-ZIP	NAVARRE FL			4 CITY - S		1	arre FL 32566			
TITL	.E	VP	DELETE	2 1 TITLE				Vice President	Change	Addition	
NAM	VIE	KNOWLING, BARBARA	••	22 NAME			1	dler, Michael			
STR	EET ADDRESS	1661 TIDEWATER LANE		2	3 STREET	ADDRESS		5 Williams Creek Dr			
CIT	Y-ST-ZIP	NAVARRE FL		2	4 CHTY - S	T-ZIP	l	arre FL 32566			
TITL			☐ DELETE	3	1 TITLE	TITLE 2		Vice President	Change	Addition	
NAM				3.2 NAME			l	ton, Erna			
	EET ADORESS	2359 VALLEY RD.		3.	.3 STREET	address	175	2 Shellfish Dr.			
	Y-ST-ZIP	NAVAREE FL	Filograph	_	.4. CITY - S	T - ZiP	Nav	arre FL 32566			
TITL		TS SANDLER, NANCY	DELETE			1 TITLE			Change	☐ Addition	
NAN	i	1905 WO;;OA,S CREEL DR			. 2 NAME						
	EET ADDRESS Y-ST-2IP	NAVARRE FL			.3 STREET						
TITL					4.4 CITY - ST - ZIP 5.1 TITLE		m~o	asurer	™ Change	Addition	
NAN		DELLNER, BETTE						sch, Frances	LEI Change	Addition	
STREET ADDRESS		2204 WEDGEWOOD CT.			.2 NAME .3 STREET :	4DDBECC					
	Y-ST-ZIP	NAVARRE FL				- 1		3 Arkansas St.			
TITL		D	□P ELETE		54 CITY-ST-ZI 61 TITLE			arre Beach FL 3 ₂ 566	Change	Addition	
NAK	ME	DRUGGISH, RUTH	→ *		2 NAME			ector	X owner		
	EET ADDRESS	2236 NINA ST			3 STREET	ADDRESS		mes, Dot			
	r-ST-ZIP	NAVARRE FL			4 CITY-ST	- 1		8 1st Court			
	I do bereb						Nav	arre FL 32566			

I do hereby certify that the information supplied with this filling 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: SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

2/26/96 904 939 8612