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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

Principal Place of Business	Mailing Address
1917 HOLLEY NAVARRE SCHOOL ROAD NAVARRE FL 32566	P O BOX 5249 NAVARRE FL 32566 US

3. Date Incorporated or Qualified: 08/19/1986

4. FEI Number: 07-0028700 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAJORS, THOMAS J 2363 VALLEY RD NAVARRE FL 32566	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 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAJORS, THOMAS J		1.2 NAME		
STREET ADDRESS	2363 VALLEY RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	SANDLER, MICAHEL		2.2 NAME	Paine, Frank	
STREET ADDRESS	1905 WILLIAMS CREEK DR		2.3 STREET ADDRESS	6843 Perch Rd	
CITY-ST-ZIP	NAVARRE FL		2.4 CITY-ST-ZIP	Navarre FL 32566	
TITLE	D	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	DELLNER, BETTE		3.2 NAME	Pruett, Chauncy	
STREET ADDRESS	2204 WEDGEWOOD CT		3.3 STREET ADDRESS	6810 East Bay Blvd	
CITY-ST-ZIP	NAVARRE FL 32566		3.4 CITY-ST-ZIP	Navarre FL 32566	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, PATRICIA		4.2 NAME		
STREET ADDRESS	2236 KERRA LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ROESCH, FRANCES		5.2 NAME	Roesch, Frances	
STREET ADDRESS	1403 ARKANSAS ST		5.3 STREET ADDRESS	1403 Arkansas St	
CITY-ST-ZIP	NAVARRE FL		5.4 CITY-ST-ZIP	Navarre FL 32566	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, DOT		6.2 NAME		
STREET ADDRESS	2568 1ST CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] President 1/29/98 850-939-8612