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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N16535**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/19/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 07-0028700 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 THOMAS J. MAJORS, Pres. 1/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	MAJORS, THOMAS J		1.2 NAME	SANDLER, NANCY	
STREET ADDRESS	2363 VALLEY RD		1.3 STREET ADDRESS	1905 WILLIAMS CREEK DR.	
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	VP	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PAINE, FRANK		2.2 NAME	DAY, JULIA	
STREET ADDRESS	6843 PERCH RD		2.3 STREET ADDRESS	6801 TIDEWATER DR.	
CITY-ST-ZIP	NAVARRE FL 32566		2.4 CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	T	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PRUETT, CHAUNCY		3.2 NAME	ADKINS, GAIL	
STREET ADDRESS	6810 E BAY BLVD		3.3 STREET ADDRESS	7631 MARTHA'S WAY	
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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROESCH, FRANCES		5.2 NAME		
STREET ADDRESS	1403 ARKANSAS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		5.4 CITY-ST-ZIP		
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 (11/98)

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: CHAUNCY M. PRUETT Treas **SIGNATURE REQUIRED** (850) 939-2462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/8/99 — Daytime Phone #