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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N31760 (4)

1. Corporation Name  
FRIENDS OF THE DESTIN LIBRARY, INC.



Principal Place of Business Mailing Address  
P. O. BOX 473 8 STAHLMAN AVENUE DESTIN FL 32540  
P. O. BOX 473 8 STAHLMAN AVENUE DESTIN FL 32540-0473

3. Date Incorporated or Qualified 04/17/1989  
3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2958092	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	Zip	Country	30
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORNE, MARGARET H.  
8 STAHLMAN AVENUE  
DESTIN FL 32541

61	Name	
62	Street Address (P.O. Box Number is Not Acceptable)	
63		
64	City	FL
65	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOONEY, TICKNER	1.2 NAME	
STREET ADDRESS	900 GULFSHORE DR. #2034	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUDREAUX, LOU	2.2 NAME	
STREET ADDRESS	609 KELLY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACGROGAN, KAREN	3.2 NAME	
STREET ADDRESS	808 PINE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, MARGARET H	4.2 NAME	
STREET ADDRESS	8 STAHLMAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Dooney Tickner, Dooney Tickner* 1-7-97 904-837-8572  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073561

CR2E037 (9/96)