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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N38686 (4)

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

Principal Place of Business Mailing Address

5701 MARINE DR HOLMES BCH FL 34217 **5701 MARINE DR HOLMES BCH FL 34217**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/18/1980** 3a. Date of Last Report **04/25/1994**

4. FEI Number **61-0161681** Applied For Not Applicable

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**GATERUD, DOROTHY
530 77TH ST
HOMES BCH FL 34217**

10. Name and Address of New Registered Agent

81 Name **Jean G. Pettigrew**

82 Street Address (P.O. Box Number is Not Acceptable) **530 75TH ST.**

83

84 City **Holmes Beach** FL 85 Zip Code **34217**

I, Jean G. Pettigrew, Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 John O. McCabe DATE 4/18/95

(NOTE: Registered Agent signature required when resignation is filed.)

12. OFFICERS AND DIRECTORS

TITLE	GATERUD, DOROTHY
NAME	530 77TH ST HOLMES BCH FL
TITLE	VP
NAME	ARMSTRONG, DOROTHY
STREET ADDRESS	625 FOXWORTH LANE HOLMES BEACH FL
TITLE	S
NAME	HOOK, ALMA K
STREET ADDRESS	2502 TURTLEDOVE LN BRADENTON FL
TITLE	T
NAME	MCCABE, JOHN O.
STREET ADDRESS	722 KEY ROYALE DRIVE HOLMES BCH FL
TITLE	D
NAME	DAVIS, ROBERT
STREET ADDRESS	NO ADDRESS GIVEN HOLMES BEACH FL
TITLE	D
NAME	PETTIGREW, JEAN
STREET ADDRESS	75TH ST HOLMES BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jean G Pettigrew	
1.3 STREET ADDRESS	530 75th STREET	
1.4 CITY - ST - ZIP	Holmes Beach, FL 34217	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Patricia C. Hoefig	
6.3 STREET ADDRESS	526 77th St.	
6.4 CITY - ST - ZIP	Holmes Beach, FL 34217	

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)(b), 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: Dorothy Gaterud President DATE 2/18/95 (813) 778-6341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR