

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38686** (4)

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



Principal Place of Business: **5701 MARINE DR HOLMES BCH FL 34217**
Mailing Address: **5701 MARINE DR HOLMES BCH FL 34217**

3. Date Incorporated or Qualified: **06/18/1990**
3a. Date of Last Report: **04/20/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature (typed or printed name of registered agent and block application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: GATERUD, DOROTHY STREET ADDRESS: 530 77TH ST CITY-ST-ZIP: HOLMES BCH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PRESIDENT 1.2 NAME: THORNBURG, MERLEDES 1.3 STREET ADDRESS: 528 72nd ST 1.4 CITY-ST-ZIP: HOLMES BEACH, FL
TITLE: VP NAME: ARMSTRONG, DOROTHY STREET ADDRESS: 625 FOXWORTH LANE CITY-ST-ZIP: HOLMES BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: V. PRESIDENT 2.2 NAME: JOHNSON, DENISE 2.3 STREET ADDRESS: 530 77TH ST 2.4 CITY-ST-ZIP: HOLMES BEACH, FL 34217
TITLE: S NAME: HOOK, ALMA K STREET ADDRESS: 2502 TURTLEDOVE LN CITY-ST-ZIP: BRADENTON FL	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MCCABE, JOHN O. STREET ADDRESS: 722 KEY ROYALE DRIVE CITY-ST-ZIP: HOLMES BCH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TREASURER 4.2 NAME: PEDOTA, JOSEPH 4.3 STREET ADDRESS: PO BOX 4061 4.4 CITY-ST-ZIP: ANNA MARIA, FL 34216
TITLE: D NAME: DAVIS, ROBERT STREET ADDRESS: NO ADDRESS GIVEN CITY-ST-ZIP: HOLMES BEACH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: DIRECTOR 5.2 NAME: HOLFIG, PATRICIA 5.3 STREET ADDRESS: 526 77TH ST 5.4 CITY-ST-ZIP: HOLMES BEACH, FL 34217
TITLE: D NAME: PETTIGREW, JEAN STREET ADDRESS: 75TH ST CITY-ST-ZIP: HOLMES BEACH FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: DIRECTOR 6.2 NAME: BELL, GLORIA 6.3 STREET ADDRESS: 612 GLADSTONE LN 6.4 CITY-ST-ZIP: HOLMES, BEACH, FL 34217

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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)(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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 941-778-6866

CR2E037 (12/95)