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**Apr 28 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34217-1516
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2. Principal Place of Business 21 5701 MARINA DR Suite, Apt. #, etc.		2a. Mailing Address 26 5701 MARINA DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/18/1990		3a. Date of Last Report 01/31/1996	
22 City & State 23 HOLMES BEACH FL		27 City & State 28 HOLMES BEACH FL		4. FEI Number 61-0161681		Applied For Not Applicable	
24 Zip 34217		25 Country USA		29 Zip 34217		30 Country USA	

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			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNBURG, MERCEDES	1.2 NAME	
STREET ADDRESS	528 72ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DENISE	2.2 NAME	
STREET ADDRESS	530 77TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOK, ALMA K	3.2 NAME	
STREET ADDRESS	2502 TURTLEDOVE LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDOTA, JOSEPH	4.2 NAME	
STREET ADDRESS	P.O. BOX 4061	4.3 STREET ADDRESS	409 PINE AVE
CITY-ST-ZIP	ANNA MARIA FL	4.4 CITY-ST-ZIP	ANNA MARIA FL 34216
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEFIG, PATRICIA	5.2 NAME	
STREET ADDRESS	528 77TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, GLORIA	6.2 NAME	
STREET ADDRESS	612 GLADSTONE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	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: JOSEPH R PEDOTA 4-28-97

CR2E037 (9/96)