


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>5701 MARINA DRIVE HOLMES BCH FL 34217 US</b>	Mailing Address <b>5701 MARINA DRIVE HOLMES BCH FL 34217 US</b>
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3. Date Incorporated or Qualified <b>06/18/1990</b>	
4. FEI Number <b>61-0161681</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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**

<b>81</b> Name <b>Mercedes Thornburg</b>	
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable) <b>528 72 St.</b>	
<b>83</b> City <b>Holmes Beach</b>	
<b>84</b> State <b>FL</b>	<b>85</b> Zip Code <b>34217</b>

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 **Mercedes Thornburg** *Mercedes Thornburg* **4-23-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>THORNBURG, MERCEDES</b>	
STREET ADDRESS	<b>528 72ND STREET</b>	
CITY-ST-ZIP	<b>HOLMES BCH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DENISE</b>	
STREET ADDRESS	<b>530 77TH STREET</b>	
CITY-ST-ZIP	<b>HOLMES BEACH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOOK, ALMA K</b>	
STREET ADDRESS	<b>2502 TURTLEDOVE LN</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEDOTA, JOSEPH</b>	
STREET ADDRESS	<b>409 PINE AVE</b>	
CITY-ST-ZIP	<b>ANNA MARIA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOEFIG, PATRICIA</b>	
STREET ADDRESS	<b>526 77TH STREET</b>	
CITY-ST-ZIP	<b>HOLMES BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BELL, GLORIA</b>	
STREET ADDRESS	<b>612 GLADSTONE LANE</b>	
CITY-ST-ZIP	<b>HOLMES BEACH FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<b>S Jane Piatt</b>
3.3 STREET ADDRESS	<b>P.O.Box 4097 (NA)</b>
3.4 CITY-ST-ZIP	<b>Anna Maria, FL 34216</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T Ed Blagdon</b>
4.3 STREET ADDRESS	<b>608 Concord Ln.</b>
4.4 CITY-ST-ZIP	<b>Holmes Beach, FL 34217</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D Peg Lyons</b>
5.3 STREET ADDRESS	<b>841 Audubon Dr. 34209</b>
5.4 CITY-ST-ZIP	<b>Bradenton, FL</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D Robert B. Jones</b>
6.3 STREET ADDRESS	<b>509 77 St.</b>
6.4 CITY-ST-ZIP	<b>Holmes Beach, FL 34217</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **Mercedes Thornburg** *Mercedes Thornburg*

CR2E037 (10/97)