


FILE NOW: FILING FEE IS \$61.25

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90118 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38686**  
 1. Corporation Name  
**FRIENDS OF THE ISLAND LIBRARY, INC.**

Principal Place of Business 5701 MARINA DRIVE HOLMES BCH FL 34217 US	Mailing Address 5701 MARINA DRIVE HOLMES BCH FL 34217 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/18/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 61-0161681
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THORNBURG, MERCEDES 528 72ND STREET HOLMES BEACH 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: Mercedes Thornburg *no change*  
Signature, typed or printed name of registered agent and title if applicable. (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 S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THORNBURG, MERCEDES		1.2 NAME Sharrar, Jo	
STREET ADDRESS 528 72ND STREET		1.3 STREET ADDRESS 6909 Gulf Dr.	
CITY-ST-ZIP HOLMES BCH FL		1.4 CITY-ST-ZIP Holmes Beach, FL 34217	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, DENISE		2.2 NAME Bracken, Joe	
STREET ADDRESS 530 77TH STREET		2.3 STREET ADDRESS 535 68th St.	
CITY-ST-ZIP HOLMES BEACH FL		2.4 CITY-ST-ZIP Holmes Beach, FL 34217	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIATT, JANE		3.2 NAME	
STREET ADDRESS P O BOX 4097		3.3 STREET ADDRESS	
CITY-ST-ZIP ANNA MARIA FL 34216		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLAGDON, ED		4.2 NAME	
STREET ADDRESS 608 CONCORD LN		4.3 STREET ADDRESS	
CITY-ST-ZIP HOLMES BEACH FL 34217		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYONS, PEG		5.2 NAME	
STREET ADDRESS 841 AUDUBON DR		5.3 STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34209		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, ROBERT B		6.2 NAME	
STREET ADDRESS 509 77TH STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP HOLMES BEACH FL 34217		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Mercedes Thornburg *Mercedes Thornburg* 1-9-99 (941)778-247