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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N94000003446 (1)**

1. Corporation Name
FRIENDS OF THE OAKLAND PARK LIBRARY, INC.

Principal Place of Business Mailing Address
1298 N.E. 37TH ST. OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1994	3a. Date of Last Report N/A
4. FEI Number 65-0505125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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Name and Address of Current Registered Agent
**GOLD, CAROL
3650 N.E. 12TH AVE.
OAKLAND PARK FL 33334**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE		11 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Thomas E. Hardy
STREET ADDRESS		13 STREET ADDRESS	4421 N.E. 19th Avenue
CITY - ST - ZIP		14 CITY - ST - ZIP	Oakland Park, FL 33308
TITLE*		21 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Dr. Herbert Topal
STREET ADDRESS		23 STREET ADDRESS	4101 N.E. 18th Avenue
CITY - ST - ZIP		24 CITY - ST - ZIP	Oakland Park, FL 33334
TITLE		31 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Beverly M. Pavelka
STREET ADDRESS		33 STREET ADDRESS	3064 N.E. 14th Avenue
CITY - ST - ZIP		34 CITY - ST - ZIP	Oakland Park, FL 33334
TITLE		41 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Thea Gordon
STREET ADDRESS		43 STREET ADDRESS	1499 N.E. 35th Street
CITY - ST - ZIP		44 CITY - ST - ZIP	Oakland Park, FL 33334
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(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: Thomas E. Hardy 4/7/95 (305) 772-3959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print Name)