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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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SIGNATURE:

Principal Place of Business Mailing Address 100 CLEMATIS STREET 100 CLEMATIS STREET W PALM BEACH FL 33401 W PALM BEACH FL 33401 3. Date Incorporated or Qualified 3a. Date of Last Report 10/05/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRIS, LYNDA J 62 Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVENUE 83 **SUITE 1400** W PALM BEACH FL 33401 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and little if applicable (NOTE_Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1 1 THILE Change Addition NAME BRANDENBURG, MARY S 12 NAME CR2E037 STREET ADDRESS 299 GRANADA ROAD 1.3 STREET ADDRESS W PALM BEACH FL 33401 CITY-ST-ZIP 1 4 CITY - ST - 7IP TITLE DELETE ۷D 2.1 TILLE Change ☐ Addition NAME BRANDENBURG, PETER J 2.2 NAME STREET ADDRESS 299 GRANADA ROAD 2.3 STREET ADDRESS CITY - ST - ZIP W PALM BEACH FL 33401 2 4 CITY - ST - ZIP TITLE PD DELETE 3.1 TITLE ☐ Change Addition NAME ZUCARO, ALFRED J 3.2 NAME STREET ADDRESS 2855 CUYAHOGA LANE 3 3 STREET ADDRESS DITY-ST-ZIP W PALM BEACH FL 33409 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY ST ZIP TITLE DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 arn 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

SIGNING OFFICER OF DIRECTOR

(12/95)

Daytime Phone #