FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State
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03-03-1999 90020 043 ****61.25

DOCUMENT # N95000004733

1. Corporation Name

FRIENDS OF THE WEST PALM BEACH PUBLIC LIBRARY, I NC.

Principal Place of Business	Mailing Address
100 CLEMATIS STREET W PALM BEACH FL 33401	P.O. BOX 2649 W PALM BEACH FL 33402 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/05/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0611455 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, LYNDA J
222 LAKEVIEW AVENUE
SUITE 1400
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BRANDENBURG, MARY S		1.2 NAME		
STREET ADDRESS	299 GRANADA ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33401		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ 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	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZUCARO, ALFRED J		3.2 NAME		
STREET ADDRESS	2855 CUYAHOGA LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33409		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	JORDAN, JOSEPH		4.2 NAME		
STREET ADDRESS	500 AUSTRALIAN AVE, SUITE 600		4.3 STREET ADDRESS	500 Australian Ave South, Suite 600	
CITY-ST-ZIP	W PALM BEACH FL 33401		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	SID	☐ Change ☒ Addition
NAME	BELLO, MARIA		5.2 NAME	Claire McCullough	
STREET ADDRESS	1315 VELDA WAY		5.3 STREET ADDRESS	332 South County Rd	
CITY-ST-ZIP	W PALM BEACH FL 33414		5.4 CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HUEY, ERIC G		6.2 NAME		
STREET ADDRESS	719 WEST ILEX DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED Eric G Huey 1-13-99 561-845-0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #