

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -5 PM 3:12**

**DOCUMENT # N11076 (9)**  
1. Corporation Name  
**FRIENDS OF THE GULF COUNTY PUBLIC LIBRARIES, INC**

Principal Place of Business Mailing Address  
**C/O MRS JEAN FALISKI  
GULF COUNTY PUBLIC LIBRARY, HIGHWAY 71 N.  
PORT ST. JOE FL** **C/O MRS JEAN FALISKI  
GULF COUNTY PUBLIC LIBRARY, HIGHWAY 71 N.  
PORT ST. JOE FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/13/1985** 3a. Date of Last Report **04/25/1994**  
4. FEI Number **59-2849220** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ **\$6.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**FALISKI, JEAN  
GULF COUNTY PUBLIC LIBRARY  
HIGHWAY 71 NORTH  
PORT ST. JOE FL 32458**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                                  |
|----------------|----------------------------------|
| TITLE          | <b>PD</b>                        |
| NAME           | <b>BORDELON, LYNDA</b>           |
| STREET ADDRESS | <b>GULF CO PD LIBRARY HWY 71</b> |
| CITY-ST-ZIP    | <b>PORT ST. JOE FL</b>           |
| TITLE          | <b>SD</b>                        |
| NAME           | <b>TISON, ANN</b>                |
| STREET ADDRESS | <b>GULF CO PB LIBRARY HWY 71</b> |
| CITY-ST-ZIP    | <b>PORT ST JOE FL</b>            |
| TITLE          | <b>D</b>                         |
| NAME           | <b>RAFIELD, JOANNE</b>           |
| STREET ADDRESS | <b>GULF CO PB LIBRARY HWY 71</b> |
| CITY-ST-ZIP    | <b>PORT ST. JOE FL</b>           |
| TITLE          | <b>TD</b>                        |
| NAME           | <b>MAHLKOV, SHEILA</b>           |
| STREET ADDRESS | <b>GULF CO PB LIBRARY HW 71</b>  |
| CITY-ST-ZIP    | <b>PORT ST. JOE FL</b>           |
| TITLE          | <b>VPD</b>                       |
| NAME           | <b>GEDDIE, LAURA</b>             |
| STREET ADDRESS | <b>GULF CO PB LIBRARY HWY 71</b> |
| CITY-ST-ZIP    | <b>PORT ST. JOE FL</b>           |
| TITLE          | <b>D</b>                         |
| NAME           | <b>STEWART, ELIZABETH</b>        |
| STREET ADDRESS | <b>GULF CO PB LIBRARY HWY 71</b> |
| CITY-ST-ZIP    | <b>PORT ST. JOE 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           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 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 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHEILA MAHLKOV**

**3/30/95 (904) 229-8760**

DATE