

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700123 (3)

1. Corporation Name

WINTER PARK LIBRARY ASSOCIATION INC.



Principal Place of Business

**460 E NEW ENGLAND AVENUE
WINTER PARK FL 32789**

Mailing Address

**460 E NEW ENGLAND AVENUE
WINTER PARK FL 32789**

3. Date Incorporated or Qualified
11/07/1959

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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4. FEI Number

59-0794396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELANSON, ROBERT G.
460 E. NEW ENGLAND AVE.
WINTER PARK FL 32789**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **JOHN R. CASEBIE**
STREET ADDRESS **1300 LYNDALE BOULEVARD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **PD** ☒ DELETE
NAME **BLEXRUD, SUSAN J.**
STREET ADDRESS **1647 BARCELOAN WY**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **SD** ☒ DELETE
NAME **KENNETH MURAH**
STREET ADDRESS **1601 LEGION DRIVE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **T** ☐ DELETE
NAME **BARBARA DE VANE**
STREET ADDRESS **1035 LAKEVIEW**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ DELETE
NAME **MELANSON, ROBERT G.**
STREET ADDRESS **460 E. NEW ENGLAND**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **John R. Casebier**
1.3 STREET ADDRESS **1300 Lyndale Boulevard**
1.4 CITY-ST-ZIP **Winter Park, FL 32789**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Rita Lowndes**
2.3 STREET ADDRESS **1308 Green Cove Road**
2.4 CITY-ST-ZIP **Winter Park, FL 32789**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Jacqueline E. Pappas**
3.3 STREET ADDRESS **165 W. Fawsett**
3.4 CITY-ST-ZIP **Winter Park, FL 32789**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)