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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

3. Date Incorporated or Qualified 09/13/1985 3a. Date of Last Report 04/12/1996  
4. FEI Number 59-2849220 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FALISKI, JEAN  
GULF COUNTY PUBLIC LIBRARY  
HIGHWAY 71 NORTH  
PORT ST. JOE FL 32456

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORDELON, LYNDIA		1.2 NAME		
STREET ADDRESS	GULF CO PD LIBRARY HWY 71		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST JOE FL		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TISON, ANN		2.2 NAME		
STREET ADDRESS	GULF CO PB LIBRARY HWY 71		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST JOE FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COX, NEFF		3.2 NAME		
STREET ADDRESS	GULF CO PB LIBRARY HWY 71		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST JOE FL		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAHLKOV, SHEILA		4.2 NAME		
STREET ADDRESS	GULF CO PB LIBRARY HW 71		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE FL		4.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEDDIE, LAURA		5.2 NAME		
STREET ADDRESS	GULF CL PB LIBRARY HWY 71		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST JOE FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AILES, JOY		6.2 NAME		
STREET ADDRESS	GULF C PB LIBRARY HWY 71		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST JOE FL		6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: SHEILA R. MAHLKOV SHEILA R. MAHLKOV-TREASURER 3/19/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080101

CR2E037 (9/96)