

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760887** (0)
1. Corporation Name
FRIENDS OF THE BOYNTON BEACH CITY LIBRARY, INC.



Principal Place of Business 208 S SEACREST BLVD BOYNTON BCH FL 33435	Mailing Address 208 S SEACREST BLVD BOYNTON BCH FL 33435
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3. Date Incorporated or Qualified 12/03/1981	
4. FEI Number 59-2276356	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent VIRGINIA K. FARACE 208 S. SEACREST BLVD. BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DS <input type="checkbox"/> DELETE
NAME	CLERICO, MARY
STREET ADDRESS	2008 S. FEDERAL HWY. #C204
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OPPENHEIMER, BOBBI
STREET ADDRESS	62-C EASTGATE LANE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	WELCH, BETTY A
STREET ADDRESS	636 W OCEAN AVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CONNIE SWENDSEEN
STREET ADDRESS	10520 LIMEBERRY DR.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	JACK G. ARMSTRONG
STREET ADDRESS	4376 PINE TREE DR.
CITY-ST-ZIP	BOYNTON BCH, FL 00000
TITLE	DVP <input type="checkbox"/> DELETE
NAME	SHIEL, BENNI
STREET ADDRESS	897 SUNDECK WAY
CITY-ST-ZIP	BOYNTON BEACH FL

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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* 1/6/98 561-364-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0043265

CR2E037 (10/97)