

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
---	---	---

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
--	--

3. Date Incorporated or Qualified
12/03/1981

4. FEI Number
59-2276356

Applied For Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLERICO, MARY		1.2 NAME	
STREET ADDRESS 2008 S. FEDERAL HWY. #C204		1.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OPPENHEIMER, BOBBI		2.2 NAME	
STREET ADDRESS 62-C EASTGATE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		2.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELCH, BETTY A		3.2 NAME	
STREET ADDRESS 636 W OCEAN AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNIE SWENDSEEN		4.2 NAME	
STREET ADDRESS 10520 LIMEBERRY DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL		4.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACK G. ARMSTRONG		5.2 NAME	
STREET ADDRESS 4376 PINE TREE DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH, FL 00000		5.4 CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIEL, BENNI		6.2 NAME	
STREET ADDRESS 897 SUNDECK WAY		6.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		6.4 CITY-ST-ZIP	

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: *Jack G. Armstrong* SIGNATURE REQUIRED *Teresa* 1/6/98 561-364-0609
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043265

CR2E037 (10/97)