

# 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 # 700954**

**(1)**

1. Corporation Name

**DUNNELLO LIBRARY, INC.**



Principal Place of Business

Mailing Address

**20804 W PENNSYLVANIA AVE  
P. O. BOX 758  
DUNNELLO FL. 34431  
US**

**20804 W PENNSYLVANIA AVE  
P. O. BOX 758  
DUNNELLO FL. 34430-0758  
US**

3. Date Incorporated or Qualified

**05/13/1960**

3a. Date of Last Report

**05/01/1995**

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

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAXWELL, LEATRICE S.  
20363 THE GRANADA  
DUNNELLO FL 34432**

**81**

Name **MAGIC, LEATRICE S.**

**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 **P** ☒ DELETE  
NAME **ANDERSON, MARC**  
STREET ADDRESS **11659 OSCELO RD**  
CITY-ST-ZIP **DUNNELLO FL**

11 TITLE **P** ☒ Change ☐ Addition  
12 NAME **MERENDA, MARY**  
13 STREET ADDRESS **23591 S. W. Beach Blvd.**  
14 CITY-ST-ZIP **Dunnellon, FL 34431**

TITLE **V** ☒ DELETE  
NAME **TAYLOR, EDDIE JACK**  
STREET ADDRESS **19965 SW 107TH LN**  
CITY-ST-ZIP **DUNNELLO FL**

21 TITLE **V** ☒ Change ☐ Addition  
22 NAME **STEPHENS, A. DIX**  
23 STREET ADDRESS **Route 8, Box 804 N/A**  
24 CITY-ST-ZIP **Dunnellon, FL 34431**

TITLE **T** ☐ DELETE  
NAME **WALKER, RUTH**  
STREET ADDRESS **12331 N ELF POINT**  
CITY-ST-ZIP **DUNNELLO FL**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **TR** ☒ DELETE  
NAME **WINKLER, LARRY**  
STREET ADDRESS **19700 MUSTANG DR**  
CITY-ST-ZIP **DUNNELLO FL**

41 TITLE **D** ☒ Change ☐ Addition  
42 NAME **BAUMGARTEN, JAMES**  
43 STREET ADDRESS **21165 S. W. Raintree Street**  
44 CITY-ST-ZIP **Dunnellon, FL 34431**

TITLE **T** ☐ DELETE  
NAME **POWELL, ALICE**  
STREET ADDRESS **20449 W. MCKINNEY AVE**  
CITY-ST-ZIP **DUNNELLO FL**

51 TITLE **D** ☒ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **SNYDER, LILIAN**  
STREET ADDRESS **8895 S.W. 209 CT. RD**  
CITY-ST-ZIP **DUNNELLO FL**

61 TITLE **D** ☒ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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: *Mary Merenda* **Merenda** **2/13/96** **(352)489-4196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

✓ **DUNNELLON LIBRARY, INC.**

MARY MERENDA , Librarian

20804 WEST PENNSYLVANIA AVENUE P. O. BOX 758 DUNNELLON, FLORIDA 34430

**ADDITIONAL OFFICER:**

S

MAGIC, LEATRICE S. (formerly MAXWELL)  
20363 The Granada  
Dunnellon, FL 34432