

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700954 (1)

1. Corporation Name
DUNNELLON LIBRARY, INC.



Principal Place of Business 20804 W PENNSYLVANIA AVE P. O. BOX 758 DUNNELLON FL 34431 US	Mailing Address 20804 W PENNSYLVANIA AVE P. O. BOX 758 DUNNELLON FL 34430-0758 US
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2363595	3a. Date of Last Report 02/19/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAGIC, LEATRICE S. 20363 THE GRANADA DUNNELLON FL 34432	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERENDA, MARY	1.2 NAME	
STREET ADDRESS	23591 SW BEACH BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENS, A. DIX	2.2 NAME	
STREET ADDRESS	ROUTE 8, BOX 804 N/A	2.3 STREET ADDRESS	13590 S. E. 120th St.
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	34431
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, RUTH	3.2 NAME	
STREET ADDRESS	12331 N ELF POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARTEN, JAMES	4.2 NAME	
STREET ADDRESS	21165 SW RAIN TREE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, ALICE	5.2 NAME	Grace McDaniel
STREET ADDRESS	20449 W. MCKINNEY AVE	5.3 STREET ADDRESS	19731 S. W. 88th Place Rd.
CITY-ST-ZIP	DUNNELLON FL	5.4 CITY-ST-ZIP	Dunnellon, FL 34432
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, LILIAN	6.2 NAME	
STREET ADDRESS	8895 S.W. 209 CT. RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON 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: Mary Merenda Mary Merenda Pres. 1/31/97 (352) 489-4196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005073

CR2E037 (9/96)