

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:25

DOCUMENT # 702320 (3)
1. Corporation Name
FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1961	3a. Date of Last Report 01/21/1994
4. FEI Number 59-1030780	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
P.O. BOX 2921 NAPLES FL 33939-2921		P.O. BOX 2921 NAPLES FL 33939-2921	
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	
GOODLETTE, DUDLEY J 3411 NORTH TAMiami TRAIL NAPLES FL 33940	

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when retreating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED DUNLON	1.1 TITLE	☐ Change ☐ Addition
NAME	CULLEN, FRANK	1.2 NAME	
STREET ADDRESS	1505 DOLPHIN LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VPD & SECRETARY	2.1 TITLE	☐ Change ☐ Addition
NAME	SULLEY, TOM	2.2 NAME	
STREET ADDRESS	210 4TH AVENUE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	HAIDLE, A. W.	3.2 NAME	
STREET ADDRESS	469 3RD STREET N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	WAGENGAST, CAROLINE	4.2 NAME	
STREET ADDRESS	5825 RATTLESNAKE HARBOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	DI PRESIDENT	5.1 TITLE	☐ Change ☐ Addition
NAME	HURST, KENNETH	5.2 NAME	
STREET ADDRESS	359 BAY FOREST DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, or on an attachment with an address.

SIGNATURE: _____ (Date) _____ (Typed Name)