

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 # **703000** (0)

1. Corporation Name

**FRIENDS OF THE ELSIE QUIRK PUBLIC LIBRARY OF ENG
LEWOOD, INC.**



Principal Place of Business

Mailing Address

**100 W. DEARBORN ST.
ENGLEWOOD FL 34223
US**

**100 W. DEARBORN ST
ENGLEWOOD FL 34223
US**

3. Date Incorporated or Qualified
10/11/1961

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2336166

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURNS, HELEN
100 W DEARBORN
ENGLEWOOD FL 34223**

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 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 PD ☒ DELETE
NAME BERESFORD-REDMAN, DAVID
STREET ADDRESS 365 PALM GROVE AVE.
CITY- ST- ZIP ENGLEWOOD FL

1.1 TITLE TD ☒ Change ☒ Addition
1.2 NAME JAMES T. NEAL
1.3 STREET ADDRESS 9 N. Cayman Isles Blvd.
1.4 CITY- ST- ZIP Englewood, FL 34223

TITLE PD ☐ DELETE
NAME WILLIS, JACK
STREET ADDRESS 136 ENGLEWOOD GARDEN CT
CITY- ST- ZIP ENGLEWOOD FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE VD ☐ DELETE
NAME FINDLEY, JAN
STREET ADDRESS 364 EDEN DR.
CITY- ST- ZIP ENGLEWOOD FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE TD ☒ DELETE
NAME ZERAD, ANGELA ANN
STREET ADDRESS 2950 N. BEACH - B323
CITY- ST- ZIP ENGLEWOOD FL

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME Mrs. MARY COBY
4.3 STREET ADDRESS 420 Bartlett Ave
4.4 CITY- ST- ZIP Englewood, FL 34223

TITLE SD ☒ DELETE
NAME BUSS, VIRGENE
STREET ADDRESS 75 HOSMER AVE
CITY- ST- ZIP ENGLEWOOD FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE D ☒ DELETE
NAME KING, MARY E
STREET ADDRESS 1605 OVERBROOK ROAD
CITY- ST- ZIP ENGLEWOOD FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

141-475-2073

Date

Daytime Phone #

CR2E037 (12/95)