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FILED
Mar 31 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 # **703000** (0)

1. Corporation Name

FRIENDS OF THE ELSIE QUIRK PUBLIC LIBRARY OF ENGLEWOOD, INC.

Principal Place of Business

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

Mailing Address

**100 W. DEARBORN ST
ENGLEWOOD FL 34223-3237
US**



3. Date Incorporated or Qualified **10/11/1961** 3a. Date of Last Report **03/13/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2336166	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name BETTY B. FEE
82 Street Address (P.O. Box Number is Not Acceptable)
83 209 ROCKWOOD WAY
84 City ENGLEWOOD
85 Zip Code FL 34223

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 **BETTY B. FEE, TREAS.**

Betty B. Fee

3/22/97

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	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, JAMES T	1.2 NAME	JAN FINDLEY
STREET ADDRESS	9 N CYZMAN BLVD	1.3 STREET ADDRESS	364 EDEN DRIVE
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, JACK	2.2 NAME	BETTY B. FEE
STREET ADDRESS	136 ENGLEWOOD GARDEN CT	2.3 STREET ADDRESS	209 ROCKWOOD WAY
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDLEY, JAN	3.2 NAME	PAUL PHILLIPS
STREET ADDRESS	364 EDEN DR.	3.3 STREET ADDRESS	740 SUMMERSEA COURT
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODY, ROSEMARY	4.2 NAME	SYDNEY CRAMPTON
STREET ADDRESS	920 BARTLETT AVE	4.3 STREET ADDRESS	7765 MANASOTA KEY RD.
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Jan Findley **PROPUB**

3/22/97

474-4227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0062420**

CR2E037 (9/96)