

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90225 016 \*\*\*\*61.25

**DOCUMENT # 703000**

1. Corporation Name

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

Principal Place of Business

100 W. DEARBORN ST.  
ENGLEWOOD FL 34223  
US

Mailing Address

100 W. DEARBORN ST  
ENGLEWOOD FL 34223  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/11/1961	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2336166	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

FEE, BETTY B.  
209 ROCKWOOD WAY  
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

*Betty B. Free*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/99  
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	BERESFORD-REDMAN, DAVID	1.2 NAME	
STREET ADDRESS	365 PALM GROVE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, BETTY B.	2.2 NAME	HELEN WIKOFF
STREET ADDRESS	209 ROCKWOOD WAY	2.3 STREET ADDRESS	329 OAKWOOD CIRCLE
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, BETTY B	3.2 NAME	
STREET ADDRESS	209 ROCKWOOD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCKRELL, BARBARA	4.2 NAME	KATHLEEN RIGGS
STREET ADDRESS	18 DOMINICA DR	4.3 STREET ADDRESS	210 LAKEVIEW LANE
CITY-ST-ZIP	ENGLEWOOD FL 34223	4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AULT, ROY	5.2 NAME	
STREET ADDRESS	51 SELMA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, EMMA	6.2 NAME	
STREET ADDRESS	31 GULF VIEW DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34223	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Betty B. Free*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 941-473-0139  
Date Daytime Phone #

CR2E037 (11/98)