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 FEB -9 AM 11:31

DOCUMENT # 704062 (9)

1. Corporation Name
FRIENDS OF THE VENICE PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
300 S NOKOMIS VENICE FL 34285	300 S NOKOMIS VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1962
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1027774 ☐ 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

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

TREASURER FRIENDS OF THE VENICE LIBRARY
300 S NOKOMIS
VENICE FL 34292

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, BARBARA	1.2 NAME		
STREET ADDRESS	530 LYONS BAY RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	President, Director	☒ Change ☐ Addition
NAME	STANLEY, MARY	2.2 NAME	Stanley, Mary	
STREET ADDRESS	434 CAMILLE DR	2.3 STREET ADDRESS	434 Camille Drive	
CITY-ST-ZIP	OSPREY FL	2.4 CITY-ST-ZIP	Osprey FL	
TITLE	SD	3.1 TITLE	Secretary, Director	☐ Change ☒ Addition
NAME	PINKERTON, JULIE	3.2 NAME	Ann Hall	
STREET ADDRESS	102 HANCHEY BLVD.	3.3 STREET ADDRESS	514 Lyons Bay Rd	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Nokomis FL	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	LITTRELL, TERRY	4.2 NAME		
STREET ADDRESS	PO BOX 562 N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	BOURNE, FRANCES	5.2 NAME		
STREET ADDRESS	271 LAUREL HOLLOW DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS 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 if changed, or on an attachment with an address.

SIGNATURE: Mary K. Stanley Jan. 25, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Title — Daytime Phone #

0019039