

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 # 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**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 05/18/1962	3a. Date of Last Report 02/09/1995
4. FEI Number 59-1027774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, MARY	1.2 NAME	Winterbottom, Guenn
STREET ADDRESS	434 CAMILLE DRIVE	1.3 STREET ADDRESS	308 Bayshore Dr.
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	VENICE FL 34285
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ANN	2.2 NAME	HALL, ANN
STREET ADDRESS	514 LYONS BAY RD	2.3 STREET ADDRESS	514 Lyons Bay Rd
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	Nokomis FL 34275
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	LITRELL, TERRY	3.2 NAME	
STREET ADDRESS	PO BOX 562 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	Sec VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURNE, FRANCES	4.2 NAME	BOURNE, FRANCES
STREET ADDRESS	271 LAUREL HOLLOW DRIVE	4.3 STREET ADDRESS	271 Laurel Hollow Dr.
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	Nokomis FL 34275
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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:

Guenn Winterbottom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 941-484-1983
Date Daytime Phone #

CR2E037 (12/95)