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Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**05/18/1962**

4. FEI Number

**59-1027774**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TREASURER FRIENDS OF THE VENICE LIBRARY  
300 S NOKOMIS  
VENICE FL 34285**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code  
**34285**

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 **WINTERBOTTOM, GWENN**  
STREET ADDRESS **308 BAYSHORE DR.**  
CITY-ST-ZIP **VENICE FL**

1.1 TITLE **V D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **34285**

TITLE **D** ☐ DELETE  
NAME **GWEN, RAND**  
STREET ADDRESS **428 EDGEWEEED ROAD**  
CITY-ST-ZIP **VENICE FL**

2.1 TITLE **S D** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **34292**

TITLE **TD** ☐ DELETE  
NAME **BURKARD, JOHN**  
STREET ADDRESS **325 WEST VENICE AVE.**  
CITY-ST-ZIP **VENICE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **34285**

TITLE **VS** ☒ DELETE  
NAME **HILTON, MARY**  
STREET ADDRESS **425 GOLDEN BEACH BLVD.**  
CITY-ST-ZIP **VENICE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **P D** ☐ Change ☒ Addition  
5.2 NAME **Sally Downey**  
5.3 STREET ADDRESS **1006 Pine Forest Court**  
5.4 CITY-ST-ZIP **Venice, FL 34293**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **V D** ☐ Change ☒ Addition  
6.2 NAME **Grace Cahill**  
6.3 STREET ADDRESS **766 Village Circle Venice, FL**  
6.4 CITY-ST-ZIP **34292**

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.

SIGNATURE:

*John T. Burkard*

**JOHN T. BURKARD Treas**

**2/6/98**

**941-484-1983**

CR2E037 (1097)