


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90037 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 704062 1. Corporation Name FRIENDS OF THE VENICE PUBLIC LIBRARY, INC.					
Principal Place of Business 300 S NOKOMIS VENICE FL 34285			Mailing Address 300 S NOKOMIS VENICE FL 34285		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/18/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1027774	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

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 34292				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WINTERBOTTOM, GWENN			1.2 NAME	Debbi Benedict		
STREET ADDRESS	308 BAYSHORE DR.			1.3 STREET ADDRESS	116 N. River Blvd.		
CITY-ST-ZIP	VENICE FL 34285			1.4 CITY-ST-ZIP	Nokomis, FL 34275		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GWEN, RAND			2.2 NAME			
STREET ADDRESS	428 EDGEWEED ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34292			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKARD, JOHN			3.2 NAME			
STREET ADDRESS	325 WEST VENICE AVE.			3.3 STREET ADDRESS	333 South Tamiami Trail Suite 283		
CITY-ST-ZIP	VENICE FL 34285			3.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILTON, MARY			4.2 NAME			
STREET ADDRESS	425 GOLDEN BEACH BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALLY DOWNEY			5.2 NAME			
STREET ADDRESS	1006 PINE FOREST CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34293			5.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRACE CAHILL			6.2 NAME			
STREET ADDRESS	766 VILLAGE CIR			6.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34292			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:

John T. Burkard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Burkard

941-484-1983

Date

Daytime Phone #

CR2E037 (11/98)

Doc# -

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NON PROFIT CORPORATION - ANNUAL REPORT 199
DOCUMENT 704062

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ADDITIONAL DIRECTORS

Ruth Bloom
520 Verdi
Venice, FL 34285

Paul G. Hudson
Northern Trust Bank
901 Venetia Bay Blvd.- Suite 100
Venice, FL 34292

Thomas Collins, MD
461 Bayshore Drive
Venice, FL 34285

Elliott Leuellen
771 Bridle Oaks Drive
Venice, FL 34292

Patricia Cusick
5080 Lemon Bay Drive
Venice, FL 34293

Patricia Nivison
1672 Valley Drive
Venice, FL 34285

Ermina Hahn
448 Palmetto Court - # A-1
Venice, FL 34285

Robert Vedder
Venice Gondolier
200 E. Venice Avenue
Venice, FL 34285