


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90076 014 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 704402

1. Corporation Name

DUNEDIN FRIENDS OF THE LIBRARY, INC.

Principal Place of Business

DUNEDIN PUBLIC LIBRARY
 223 DOUGLAS AVENUE
 DUNEDIN FL 34698

Mailing Address

DUNEDIN PUBLIC LIBRARY
 223 DOUGLAS AVENUE
 DUNEDIN FL 34698



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 08/10/1962 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-0242620 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing <input type="checkbox"/> | |
| 24 | | 29 | | \$5.00 May Be Added to Fees | |
| Country | | Country | | Trust Fund Contribution | |

| | | | | | | | |
|---|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BROWN, GEMMY 1830 OAK CREEK DR DUNEDIN FL 34698 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 2361 DEMARET DRIVE | | | |
| | | | | 83 | | | |
| City | | | | DUNED IN | | 85 Zip Code | |
| | | | | FL | | 34698 | |

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: *Carol Michalik* DATE: 2/28/99

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 | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | PD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | BROWN, GEMMY | | | 1.2 NAME | MICHALIK, CAROL | | |
| STREET ADDRESS | 1830 OAK CREEK DR | | | 1.3 STREET ADDRESS | 2361 DEMARET DRIVE | | |
| CITY-ST-ZIP | DUNEDIN FL | | | 1.4 CITY-ST-ZIP | DUNED IN, FLORIDA 34698 | | |
| TITLE | VPD | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | YARD, JULIE | | | 2.2 NAME | | | |
| STREET ADDRESS | 229 FLORIDA AVE | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DUNEDIN FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | SD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | HERRMANN, JANIS | | | 3.2 NAME | HERDMAN, GINGER | | |
| STREET ADDRESS | 1637 ST. CATHERINE DR. E. | | | 3.3 STREET ADDRESS | 657 WEATHERFIELD | | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | | | 3.4 CITY-ST-ZIP | DUNED IN, FLORIDA 34698 | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | TD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WARD, ROYDEN | | | 4.2 NAME | PAXTON, ANN | | |
| STREET ADDRESS | 130 PATRICIA AVE., #17 | | | 4.3 STREET ADDRESS | 595 MAIN STREET SUITE 201 | | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | | | 4.4 CITY-ST-ZIP | DUNE IN, FLORIDA 34698 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: *SIGNATURE OF OFFICER* DATE: 2/28/99 DAYTIME PHONE #: 813-272-8062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)