

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 23 PM 3: 34

DOCUMENT # 714869 (5)

1. Corporation Name

FRIENDS OF ST PETERSBURG BEACH PUBLIC LIBRARY, I
NC.

Principal Place of Business

Mailing Address

P O BOX ~~60440~~ 66557
ST. PETERSBURG BEACH FL 33736

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ST. PETERSBURG BEACH FL 33736

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1968

3a. Date of Last Report

02/17/1994

4. FEI Number

59-6216588

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

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNETT, WILLIAM L JR.
365 73RD AVENUE
ST. PETERSBURG BEACH FL 33706

81 Name

ROBERTA WHIPPLE

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

365 73RD AVENUE

83

84 City ST PETE BEACH,

FL

85 Zip Code 33706

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

Robert L. Whipple

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when appointing)

DATE

2-15-95

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	BENNETT, STEPHEN
STREET ADDRESS	1940 E. VINA DEL MAR BLVD.
CITY - ST - ZIP	ST. PETERSBURG BCH FL
TITLE	VD
NAME	BARRE, JAMES
STREET ADDRESS	6825 BAY ST.
CITY - ST - ZIP	ST. PETERSBURG BCH FL
TITLE	TD
NAME	ANUNDSON, LYLE
STREET ADDRESS	116 44TH AVE.
CITY - ST - ZIP	ST. PETERSBURG BCH FL
TITLE	CSD
NAME	LOMBARD, BERNICE
STREET ADDRESS	3920 OLEANDER WAY
CITY - ST - ZIP	ST. PETERSBURG BCH FL
TITLE	RSD
NAME	MCNALLY, MARY ELLEN
STREET ADDRESS	4341 MILLER DR.
CITY - ST - ZIP	ST. PETERSBURG BCH FL
TITLE	D
NAME	NORBERG, BETTY
STREET ADDRESS	6474 2ND PALM POINT
CITY - ST - ZIP	ST. PETERSBURG BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☐ Change ☒ Addition
12 NAME	HEILZHAUSER, RUTH	
13 STREET ADDRESS	333 11ST AVE	
14 CITY - ST - ZIP	ST PETE BEACH, FL 33706	
21 TITLE	V/D	☐ Change ☒ Addition
22 NAME	STOLK, MARIE	
23 STREET ADDRESS	1505 PASS-A-GRIFFIN WAY, APT 32	
24 CITY - ST - ZIP	ST PETE BEACH FL 33706	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	S/D	☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	S/D	☒ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	P/D	☒ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(b), 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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY NORBERG

1-24/95

513 / 360 8478