FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPR[illegible] AN FILL

CORPORATION ANNUAL REPORT

1995 S-195 B-65334

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
CORPORATIONS KC

DOCUMENT # 716553 (3)

1. Corporation Name

FRIENDS OF HALLANDALE LIBRARY, INC.

Principal Place of Business	Mailing Address
300 SO FEDERAL HIGHWAY HALLANDALE FL 33009	300 SO FEDERAL HIGHWAY HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7039488 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JOHNSON-HOUSTON, DEBBIE
300 S. FEDERAL HIGHWAY
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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

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 _____ DATE
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	D	11 TITLE	☐ Change ☐ Addition
NAME	HANFF, RUTH	12 NAME	
STREET ADDRESS	410 GOLDEN ISLES DR	13 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☑ Addition
NAME	EATON, VIRDRETHA	22 NAME	MARY BROWN
STREET ADDRESS	517 NW 2ND AVE	23 STREET ADDRESS	617 NW 10TH CT
CITY-ST-ZIP	HALLANDALE FL	24 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	LANNER, ARNOLD	32 NAME	
STREET ADDRESS	1980 S. OCEAN DR. #14-J	33 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SCHULMAN, LOUIS S.	42 NAME	
STREET ADDRESS	300 N.E. 14 AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☑ Addition
NAME	MARCUS, THEODORE	52 NAME	HELGA REZNIKOFF
STREET ADDRESS	300 DIPLOMAT PKWY #515	53 STREET ADDRESS	724 SW 4 ST.
CITY-ST-ZIP	HALLANDALE FL	54 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: Louis S. Schulman 4/24/95 454-1392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037340