FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716553

(3)

FRIENDS OF HALLANDALE LIBRARY, INC.

Principal Place of Business Mailing Address							ii is tiinii d adis utusi		8)) 8 (9)) 1887	
300 SO FEDERAL HIGHWAY HALLANDALE FL 33009 HALLANDALE FL 33009										
						3. Date Incorporated or Qualified 05/15/1969	3a. Date of 02/1	Last Re 4/199	eport 36	
— '	Place of Business	2a. Mailing Address				4. FEI Number 23-7039488	-1		plied For	
Suite, Apt.	# 616	Suite Ast # etc				20-7009400			ot Applicable	
22 Suite, Apr.	₩, ΘIC.	Suite, Apt. #, etc.	Suite, Apt. #, Btc.			5. Certificate of Status Desired				
City & State	æ	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zıp	Zip Country			8. This corporation has liability for Intangible tax under s. 199,032,				
24	25 29 30		30	0		Florida Statutes Yes S No				
 	9. Name and Address of Curre	ent Registered Agent		21	*1	10. Name and Address of New Re	glatered Agent	1		
1 SAINTO	A A SUAL DI AL		1	81	Name					
	R, ARNOLD N. OCEAN DRIVE APT 14J		82			ss (P.O. Box Number is Not Acceptab	le)			
HALLANDALE FL 33009			ļ	83				 		
	DALL I E 00000									
				84	City		FL 85	Zip C	Code	
11. Pursuant t	to the provisions of Sections 617.05	i02 and 617.1508, Florida State	utes, the at	pove	-named corpo	oration submits this statement for the p	urpose of chan	ging its	s registered	
agent. I a	megistered agent, or both, in the Stati am familiar with, and accept the obli-	gations of, Section 617,0503, F	Florida Stat	J Dy LUTOS	the corporation	on's poard of directors. I hereby accep	it the appointme	ent as i	registered	
SIGNATURE _				(Como	est time	<i>!</i>) 24/9	7		
	Signature, typed or printed name of registered ag			J Agen	nt signature required		DATE			
12. TITLE	OFFICERS AF	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC				
	HANFF, RUTH	☐ Dereie	1.1 TiT				L., V	hange	Addition	
NAME CTREET ADDRESS	410 GOLDEN ISLES DR		1.2 NA	-	1000000					
STREET ADDRESS	HALLANDALE FL				ADDRESS					
CITY-ST-ZIP	VD VD			ITY-ST ITLE	-718			hanne	Addition	
NAME	BROWN, MARY	· — — — — — — — — — — — — — — — — — — —		AMÉ		P D	- human	Harigo	La Abdition	
STREET ADDRESS	627 NW 10TH COURT				address					
CITY-ST-ZIP	HALLANDALE FL		- 1	72 - YTK						
TITLE	PD	☐ DELETE	3.1 TIT		7-4-4		C	hange	Addition	
NAME	LANNER, ARNOLD		3.2 NA	AME				•	<u></u>	
STREET ADDRESS	1980 S. OCEAN DR. #14-J		3.3 \$7	(REET /	ADDRESS					
CITY-ST-ZIP	HALLANDALE FL		3.4. C	ITY-ST	T-ZIP					
TITLE	TD	DELETE	4.1 101				C	hange	Addition	
NAME	SCHULMAN, LOUIS S.		4. 2 N/	AME						
STREET ADDRESS	300 N.E. 14 AVENUE		4.3 ST	REET /	ADDRESS					
CITY-ST-ZIP	HALLANDALE FL		4.4 Cl1	ITY-ST						
TITLE	SD	☐ DELETE	5.1 117	TLE	A C	5	SZ , c	hange	Addition	
NAME	REZNIKOFF, HELGA		5.2 NA	WE						
STREET ADDRESS	724 SW 4TH STREET		5.3 ST	REET A	ADDRESS					
CITY-ST-ZIP	HALLANDALE FL	T ociete		TY-ST	- ZIP					
TITLE		☐ DELETE		TLE S	> D G	sina Alexis 049 S. Ocean I	_ LJ 0	hange	Addition	
NAME			6.2 NA		21	049 S. Ocean J	小 井州	54		
STREET ADDRESS			6.3 ST	REET A	AODRESS	folloudale FL	- 33c	000	7	

14. I do 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.