FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

(5)

FRIENDS OF THE PINELLAS PARK LIBRARY, INC. Principal Place of Business Mailing Address					
7770 52ND ST NORTH 7770 52ND ST NORTH PINELLAS PARK FL 34665 PINELLAS PARK FL 33781-3407			07		
					3. Date Incorporated or Qualified 08/05/1969 3a. Date of Last Report 02/14/1996
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEt Number Applied For S9-1266689 Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Žin.	3378 / 25 Country Zip		Country 30	/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
MARMARO, CONNIE L 5260 96 TERRACE N. PINELLAS, PARK FL 34665			82	Street A	Address (P.O. Box Number is Not Acceptable)
			83	83	
			84	City	FL 85 Zip Code 2
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		13.	eni signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE		
NAME	VIET, LINDA M	AD PECCIP	1.2 NAME	Ì	Lillare Gubaton
STREET ADDRESS	A		1.3 STREET	ADDRESS	EDAM TOPONINGH \ \Compose
CITY-ST-ZIP	DESCRIPTION OF THE PROPERTY OF		1.4 CITY - 5		Pinellas Pirk Fl. 33782
TITLE	TD	DELETE	2 1 TITLE	21-21	Change Addition
NAME	MARMARO, CONNIE	_	2 2 NAME		_ , _
STREET ADDRESS	BARA ANTI I TOMO II		2 3 STREET	ADDRESS	
CITY-ST-ZIP	PINELLAS PK FL		2. 4 GITY-		
TITLE	VPD	X DELETE	3 1 THLE		VICE- President D Change Addition
NAME	OPYD, MARK D		3.2 NAME		Ethel Connolly 2025 Mainlands Blud. N
STREET ADDRESS	16375 49TH STREET N		3.3 STREET	ADDRESS	3925 Mainlands Blud. N. Pinellas Park, Fl. 33782
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-	ST- 21P	•
TITLE	SD	∡ DELETE	4.1 TITLE		Secretary D Change Addition
NAME	WILBER, KAREN M		4 2 NAME		Pat Fisher Hane N.
STREET ADDRESS	3568 BEECHWOOD TERR. N.		4.3 STREET	ADDRESS	Pat Fisher 1272 moffatt Lane N. Pinellas Park, Fl. 33781
CITY-ST-ZIP	PINELLAS PARK FL	······································	4.4 CITY-5	T - ZiP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	l	
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP		Drive	5.4 CITY- S	ST-ZIP	——————————————————————————————————————
TITLE		DELETE	6.1 TITLE	ļ	Change Addition
NAME			6.2 NAME	4868	
STREET ADDRESS	**.		6.3 STREET	1	
CITY-ST-ZIP			6.4 CITY- 5	ST - ZIP	

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.

SIGNATURE:

813 544-5475

FILED

Apr 28 1997 8:00am

Secretary of State