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

APPROVED AND FILED
95 APR 18 PM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720506 (5)

1. Corporation Name
FRIENDS OF THE GULFPORT PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
LIBRARY INC 5501 28TH AVE SO GULFPORT FL 33707	LIBRARY INC 5501 28TH AVE SO GULFPORT FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1971
3a. Date of Last Report: 02/09/1994
4. FEI Number: 23-7112791 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TRUSSELL, LILLIAN
925 GRAY ST. SO.
GULFPORT FL 33707

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D STREAMS, DOROTHY, 5935-30 AVE. SO. #309 GULFPORT, FL 0 33707	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☑ Addition P. Pauline Lamar 6025 - Shore Blvd #612 Gulfport FL. 33707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADORNATO, HELEN, 3018-59TH ST. SO. #311 GULFPORT FL 33707	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☑ Addition V. Lillian Trussell 925 Gray St. So Gulfport FL 33707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OGINZ, JAN, 6075 SHORE BLVD SO. #112 GULFPORT, FL 0 33707	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition V. Miriam Rohde 5955 - 30 Ave So Gulfport FL 33707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROHDE, MIRIAM 5955-30 AVE. SO. #114 GULFPORT, FL 0 33707	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☑ Addition S Pearl Fellman 6020 Shore Blvd So #812 Gulfport, FL. 33707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOLLAM, DON, 1125-60 ST. SO. GULFPORT FL 33707	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition T. Don Wollam 1125 - 60 St So Gulfport FL 33707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, ORIN 5960 SHORE BLVD. #403 GULFPORT FL 33707	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☑ Change ☐ Addition P Pres, Frances Purdy 3010 - 59 St So #203 Gulfport FL 33707 DIRECTORS see attached list

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: Don Wollam DON WOLLAM, TREAS. 4/10/95 (813) 347-0147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #