

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **03/16/1971** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip
24 Country **25** Country **29** Country **30** Country

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**

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

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

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 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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **STREAMS, DOROTHY,**
STREET ADDRESS **5935-30 AVE. SO. #309**
CITY-ST-ZIP **GULFPORT, FL 0 33707**
TITLE **D** ☒ DELETE
NAME **ADORNATO, HELEN,**
STREET ADDRESS **3018-59TH ST. SO. #311**
CITY-ST-ZIP **GULFPORT FL 33707**

NAME **ROHDE, MIRIAM MIRIAM** ☐ DELETE
STREET ADDRESS **59550 30 AVE. SO.**
CITY-ST-ZIP **GULFPORT, FL 0**

TITLE **S** ☒ DELETE
NAME **ROHDE, MIRIAM**
STREET ADDRESS **5955-30 AVE. SO. #114**
CITY-ST-ZIP **GULFPORT, FL 0-33707**

TITLE *** D. E Asst. T.** ☐ DELETE
NAME **WOLLAM, DON,**
STREET ADDRESS **1125-60 ST. SO.**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **P. PRES** ☐ DELETE
NAME **PURDY, FRANCES**
STREET ADDRESS **3010-59 ST SO. #230**
CITY-ST-ZIP **GULFPORT FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **Pauline Lamar**
1.3 STREET ADDRESS **6025 - Shore Blvd #612**
1.4 CITY-ST-ZIP **Gulfport FL 33707**
2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **Denta Netterstrom**
2.3 STREET ADDRESS **5952 Seabird Dr. So.**
2.4 CITY-ST-ZIP **Gulfport FL 33707**
3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **Pearl Fellman**
3.3 STREET ADDRESS **6020 - Shore Blvd #812**
3.4 CITY-ST-ZIP **Gulfport FL 33707**
4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **John Covington**
4.3 STREET ADDRESS **5955 - 30 Ave So # 402**
4.4 CITY-ST-ZIP **Gulfport FL 33707**
5.1 TITLE **D.** ☐ Change ☒ Addition
5.2 NAME **Dorothy Blades**
5.3 STREET ADDRESS **4763 Baywood Pt. Dr**
5.4 CITY-ST-ZIP **Gulfport FL 33711**
6.1 TITLE **D.** ☐ Change ☒ Addition
6.2 NAME **Juanita Allen**
6.3 STREET ADDRESS **5980 Shore Blvd So**
6.4 CITY-ST-ZIP **Gulfport FL 33707**

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)(k), 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 Asst. Treas & Dir* **4/4/96 (813) 347-0147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)