

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720506** (5)
1. Corporation Name
FRIENDS OF THE GULFPORT PUBLIC LIBRARY, INC.



Principal Place of Business LIBRARY INC 5501 28TH AVE SO GULFPORT FL 33707	Mailing Address LIBRARY INC 5501 28TH AVE SO GULFPORT FL 33707-5555
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/16/1971		3a. Date of Last Report 04/09/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 23-7112791		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAMAR, PAULINE		1.2 NAME DENTA NETTERSTROM	
STREET ADDRESS 6025 SHORE BLVD, #612		1.3 STREET ADDRESS 5952 SEABIRD DR, S.	
CITY-ST-ZIP GULFPORT, FL 0		1.4 CITY-ST-ZIP GULFPORT FL 33707	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 1ST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NETTERSTROM, DENTA		2.2 NAME JUANITA ALLEN	
STREET ADDRESS 5952 SEABIRD DR, S		2.3 STREET ADDRESS 5980 SHORE BLVD S.	
CITY-ST-ZIP GULFPORT FL		2.4 CITY-ST-ZIP GULFPORT, FL 33707	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROHDE, MIRIAM		3.2 NAME BARBARA GLOZAK	
STREET ADDRESS 59550 30 AVE. SO.		3.3 STREET ADDRESS 6012 Tangerine Ave So	
CITY-ST-ZIP GULFPORT, FL 0		3.4 CITY-ST-ZIP Gulfport FL 33707	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COVINGTON, JOHN		4.2 NAME SANDY SATTLEK	
STREET ADDRESS 5955 30 AVE S, #402		4.3 STREET ADDRESS 5980 SHORE BLVD S. #102	
CITY-ST-ZIP GULFPORT, FL 0		4.4 CITY-ST-ZIP GULFPORT FL 33707	
TITLE DT	<input type="checkbox"/> DELETE	5.1 TITLE PAST PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WOLLAM, DON.		5.2 NAME PAULINE LAMAR	
STREET ADDRESS 1125-80 ST. SO.		5.3 STREET ADDRESS 6025 SHORE BLVD S. #612	
CITY-ST-ZIP GULFPORT FL		5.4 CITY-ST-ZIP GULFPORT, FL 33707	
TITLE P	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D. DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PURDY, FRANCES		6.2 NAME MIRIAM ROHDE	
STREET ADDRESS 3010-59 ST SO. #230		6.3 STREET ADDRESS 5955 30TH AVE S. #114	
CITY-ST-ZIP GULFPORT FL		6.4 CITY-ST-ZIP GULFPORT, FL 33707	

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 _____ DATE **4-10-97** DAYTIME PHONE **813-367-2803**

CR2E037 (9/96)