

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>LIBRARY INC 5501 28TH AVE SO GULFPORT FL 33707</b>		Mailing Address <b>LIBRARY INC 5501 28TH AVE SO GULFPORT FL 33707</b>		3. Date Incorporated or Qualified <b>03/16/1971</b>
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>23-7112791</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>		City & State <b>28</b>		6. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>TRUSSELL, LILLIAN 925 GRAY ST. SO. GULFPORT FL 33707</b>				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 <b>P</b>	<b>NETTERSTROM, DENTA</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRG SECRETARY</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>NETTERSTROM, DENTA</b>		1.2 NAME <b>ALLEN, JUANITA</b>	
STREET ADDRESS <b>5952 SEABIRD DR S.</b>		1.3 STREET ADDRESS <b>5980 SHORE BLVD. S.</b>	
CITY-ST-ZIP <b>GULFPORT, FL 0</b>		1.4 CITY-ST-ZIP <b>GULFPORT, FL 33707</b>	
TITLE <b>VP</b> <input checked="" type="checkbox"/> DELETE		2.1 TITLE <b>1ST VP</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>ALLEN JUANITA</b>		2.2 NAME <b>ROHDE, MIRIAM</b>	
STREET ADDRESS <b>5980 SHORE BLVD. S.</b>		2.3 STREET ADDRESS <b>5955 30th Ave S. #114</b>	
CITY-ST-ZIP <b>GULFPORT FL</b>		2.4 CITY-ST-ZIP <b>GULFPORT, FL 33707</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE		3.1 TITLE <b>2ND VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>GLOZAK, BARBARA</b>		3.2 NAME <b>BLADES, DOROTHY</b>	
STREET ADDRESS <b>6012 TANGERINE AVE. S.</b>		3.3 STREET ADDRESS <b>4763 BAYWOOD HT DR S.</b>	
CITY-ST-ZIP <b>GULFPORT, FL 0</b>		3.4 CITY-ST-ZIP <b>GULFPORT FL 33707</b>	
TITLE <b>T</b> <input type="checkbox"/> DELETE		4.1 TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>COVINGTON, JOHN</b>		4.2 NAME <b>BIGGS, JANE</b>	
STREET ADDRESS <b>5955 30 AVE S, #402</b>		4.3 STREET ADDRESS <b>1915 59th St S.</b>	
CITY-ST-ZIP <b>GULFPORT, FL 0</b>		4.4 CITY-ST-ZIP <b>GULFPORT, FL 33707</b>	
TITLE <b>DT</b> <input type="checkbox"/> DELETE		5.1 TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>WOLLAM, DON.</b>		5.2 NAME <b>DODD, ROWEN, LSK, LUCILLE</b>	
STREET ADDRESS <b>1125-80 ST. SO.</b>		5.3 STREET ADDRESS <b>2716 45th St S.</b>	
CITY-ST-ZIP <b>GULFPORT FL</b>		5.4 CITY-ST-ZIP <b>GULFPORT, FL 33707</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE		6.1 TITLE <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>ROHPE, MIRIAM</b>		6.2 NAME <b>POAD, JOYCE</b>	
STREET ADDRESS <b>5955 30TH AVE S., #114</b>		6.3 STREET ADDRESS <b>6020 SHORE BLVD S.</b>	
CITY-ST-ZIP <b>GULFPORT FL</b>		6.4 CITY-ST-ZIP <b>GULFPORT, FL 33707</b>	

14. I 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: JOHN A. COVINGTON 4-13-98 813-367-2893  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)