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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:07

DOCUMENT # 722182 (3)

1. Corporation Name

FRIENDS OF THE ORANGE COUNTY LIBRARY SYSTEM BOOK ENDOWMENT, INC.

Principal Place of Business	Mailing Address
101 E. CENTRAL BLVD. ORLANDO FL 32801	101 E. CENTRAL BLVD. ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1971
3a. Date of Last Report: 02/16/1994
4. FEI Number: 23-7162904 ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

MURRU, LAURA J
ORANGE COUNTY LIBRARY SYSTEMS
101 E. CENTRAL BLVD
ORLANDO FL 32801

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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, CREE	1.2 NAME		
STREET ADDRESS	615 E RICHMOND ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	FRENIER, RAY	2.2 NAME		
STREET ADDRESS	1505 LANCASTER DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	SANDERS, WILFRED	3.2 NAME		
STREET ADDRESS	227 N MAGNOLIA AVE 203	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MINEAR, MAX	4.2 NAME	HOFMA, EDWARD	
STREET ADDRESS	2903 BRIDGEGATE	4.3 STREET ADDRESS	3806 WYLDWOOD LANE	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BUCKNER, ROBERT	5.2 NAME		
STREET ADDRESS	2809 FOLKSTONE RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE		☐ Change ☐ Addition
NAME	AINSWORTH, CHRISTINE	6.2 NAME		
STREET ADDRESS	300 SHEPARD ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

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: Christine Ainsworth 2/20/95 425-4694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Christine Ainsworth

0003001