FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

722182

(3)

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

Principal Place of Business

Mailing Address

101 E CENTRAL BLUD

101 F CENTRAL BLVD.



ORLANDO FL 32801		ORLANDO FL 32801					
						3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1995	
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				23-7162904 Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite. Apt. #, etc				5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State		City & State				6. Flection Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
23 [Zip	Country	Zip	T - Cc	untry		This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30	, c		Florida Statutes	
	9. Name and Address of Current		[]	Τ		10. Name and Address of New Registered Agent	
				81	Name		
MURRI	MURRU, LAURA J				Street 4	Andress (P.O. Box Number is Not Acceptable)	
	E COUNTY LIBRARY SYSTEMS			82	Citi CCT P	se Andress (F.O. Dox Northon is Not Acceptancy	
	CENTRAL BLVD			83			
	DO FL 32801			84	City	85 Zip Code	
Onewa	DO 1 E 0200 !			84	City	FL S Z COOP	
SIGNATURE	th, and accept the obligations of, Sections of the state					s board of directors. I hereby accept the appointment as registered agent. I am	
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILE	VD	™ DELETE	1.1	TULE		Vi) Change X Addition	
NAME	SHERMAN, CREE		1 2	NAME		DICKINSON, JOY	
STREET ADDRESS	615 E RICHMOND ST		1.3	STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4	1.4 CITY - ST - Z		ORLANDO, FLORIDA 328Ú1	
TillE	D	DELETE	2 1	TITLE		☐ Change ☐ Addition	
NAME	FRENIER, RAY		2.2	NAME	1		
STREET ADDRESS	1505 LANCASTER DR.		23	STREET	ADDRESS		
CITY-ST ZIP	ORLANDO FL			CITY -	ST-ZIP		
TITLE	TD	DEFELE	3 1	TITLE		Change Addition	
NAME	SANDERS, WILFRED			NAME			
STHEET ADDRESS	227 N MAGNOLIA AVE 203				ADDRESS	•	
C(TY - ST - Z(P	ORLANDO FL	l or or or o		CITY	ST · ZIP	SD Change X Addition	
TETLE	SD SD	IX DELETE		TITLE		MINEAR, MAX	
NAME	HOFMA, EDWARD			2 NAME		0000	
STREET ADDRESS	3806 WYLDWOOD LANE				I ADDRESS	ORLANDO, FLORIDA 32822	
CITY - ST - ZIP	ORLANDO FL	DELETE		CITY - S	SI-ZIF	Clobson Cladding	
TITLE	D BUCKNED BOBERT		1	NAME		D	
NAME CLINET ANDOSCO	BUCKNER, ROBERT 2809 FOLKSTONE RD.				ADDRESS	BUCKNER, ROBERT 909 SWEETBRIAR RD.	
STREET ADDRESS	ORLANDO, FL 00000			CITY-S		ORLANDO, FLORIDA 32806	
CITY - ST - ZIP TITLE	PD PD	DELETE		TITLE	31-ZP	Change Addition	
NAME	AINSWORTH, CHRISTINE	Decrie		NAME			
STREET ADDRESS	300 SHEPARD ROAD				T ADDRESS		
	ORLANDO FL			CITY - !			
CITY - ST - ZIP	UNLANDO I L				21 - 201	PC C No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

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 attachnical with an address.

SIGNATURE:

407/425-4694x497