

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**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 32801-2462**3. Date Incorporated or Qualified
12/01/19713a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRU, LAURA J
ORANGE COUNTY LIBRARY SYSTEMS
101 E. CENTRAL BLVD
ORLANDO FL 32801****81 Name
Marilyn Hoffman****82 Street Address (P.O. Box Number Is Not Acceptable)****Orange County Library Sys. Cmty Relations****83
101 E. Central Blvd.****84 City****Orlando****FL****85 Zip Code
32801**

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 *Marilyn Hoffman*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/20/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **DICKSON, JOY**
STREET ADDRESS **614 1/2 EAST WASHINGTON STREET**
CITY-ST-ZIP **ORLANDO FL**1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Dickinson, Joy**
1.3 STREET ADDRESS **614 1/2 East Washington St.**
1.4 CITY-ST-ZIP **Orlando, FL 32801**TITLE **D** ☐ DELETE
NAME **FRENIER, RAY**
STREET ADDRESS **1505 LANCASTER DR.**
CITY-ST-ZIP **ORLANDO FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **TD** ☐ DELETE
NAME **SANDERS, WILFRED**
STREET ADDRESS **227 N MAGNOLIA AVE 203**
CITY-ST-ZIP **ORLANDO FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **SD** ☐ DELETE
NAME **MINEAR, MAX**
STREET ADDRESS **2903 BRIDGEGATE COURT**
CITY-ST-ZIP **ORLANDO FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **BUCKNER, ROBERT**
STREET ADDRESS **909 SWEETBRIAR ROAD**
CITY-ST-ZIP **ORLANDO FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **PD** ☒ DELETE
NAME **AINSWORTH, CHRISTINE**
STREET ADDRESS **300 SHEPARD ROAD**
CITY-ST-ZIP **ORLANDO FL**6.1 TITLE **VD** ☒ Change ☒ Addition
6.2 NAME **Hofma, Edward**
6.3 STREET ADDRESS **3806 Wylawood Lane**
6.4 CITY-ST-ZIP **Orlando, FL 32806**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joy Dickinson* **3/24/97**
Signature and typed or printed name of signing officer or director

CP2E037 (9/96)