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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90001 005 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 722182**

1. Corporation Name

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

Principal Place of Business

101 E. CENTRAL BLVD.  
ORLANDO FL 32801

Mailing Address

101 E. CENTRAL BLVD.  
ORLANDO FL 32801



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/01/1971

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

9. Name and Address of Current Registered Agent

**HOFFMAN, MARILYN  
ORANGE COUNTY LIBRARY SYS CMTY RELATIONS  
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 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)

2/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **DICKINSON, JOY**  
STREET ADDRESS **614 1/2 EAST WASHINGTON ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE  
NAME **FRENIER, RAY**  
STREET ADDRESS **1505 LANCASTER DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ DELETE  
NAME **PFEIFFER, FREDERICK**  
STREET ADDRESS **2659 LAKE SHORE DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☒ DELETE  
NAME **MINEAR, MAX**  
STREET ADDRESS **2903 BRIDGEGATE COURT**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE  
NAME **DILG, BOB**  
STREET ADDRESS **525 W YALE ST**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE  
NAME **HOFMA, EDWARD**  
STREET ADDRESS **3806 WYLOWOOD LN**  
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **Dickinson, Joy**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **VD** ☒ Change ☒ Addition  
4.2 NAME **Kennedy, Cathy**  
4.3 STREET ADDRESS **5000 Saint Germaine Ave.**  
4.4 CITY-ST-ZIP **Orlando, FL 32812**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **PD** ☒ Change ☐ Addition  
6.2 NAME **Hofma, Edward**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Franklin G. ...*

2/11/99 407-846-4510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)