CORPORATION ANNUAL REPORT 1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 28 PM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722566 (7)

1. Corporation Name

THE WILTON MANORS PUBLIC LIBRARY ASSOCIATION

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Principal Place of Business	Mailing Address
500 N.E. 26TH STREET WILTON MANORS FL 33305	500 N.E. 26TH STREET WILTON MANORS FL 33305

3. Date Incorporated or Qualified: 01/31/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2679922 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

ELLINGTON, JAMES W.
2016 NE 3RD TERRACE
500 NE 26TH STREET
WILTON MANORS FL 33305

10. Name and Address of New Registered Agent

81 Name: SAME
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: James W. Ellington 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ROUSER ANITA	12 NAME	KATHLEEN FRENCH	
STREET ADDRESS	217 N.E. 22ND ST.	13 STREET ADDRESS	1709 N.E. 28th DR.	
CITY-ST-ZIP	WILTON MANORS FL 33305	14 CITY-ST-ZIP	Wilton Manors, FL 33334	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	FRENCH KATHLEEN	22 NAME	ARLENE LANCASTER	
STREET ADDRESS	1709 N.E. 28TH DR.	23 STREET ADDRESS	2209 N.W. 2nd AVE.	
CITY-ST-ZIP	WILTON MANORS FL 33334	24 CITY-ST-ZIP	Wilton Manors, FL 33311	
TITLE	TD	31 TITLE	TD	☐ Change ☐ Addition
NAME	ELLINGTON, JAMES	32 NAME	ELLINGTON, JAMES	
STREET ADDRESS	2016 N.E. 3RD TERRACE	33 STREET ADDRESS	2016 NE 3rd Terrace	
CITY-ST-ZIP	WILTON MANORS FL	34 CITY-ST-ZIP	Wilton Manors, Fl 33305	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	MILDRED LAUGHLIN	42 NAME	CATHERINE QUINLIN	
STREET ADDRESS	317 N.E. 23RD ST.	43 STREET ADDRESS	2208 N.W. 2nd AVE.	
CITY-ST-ZIP	WILTON MANORS FL 33305	44 CITY-ST-ZIP	WILTON MANORS, FL 33311	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 attachment with an address.

SIGNATURE: James W. Ellington 4/24/95 305-367-6917
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0009422