

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 728179 (3)**  
1. Corporation Name  
**FRIENDS OF THE PENSACOLA PUBLIC LIBRARY, INC.**



Principal Place of Business  
**200 WEST GREGORY ST.  
PENSACOLA FL 32501**

Mailing Address  
**200 WEST GREGORY ST.  
PENSACOLA FL 32501**

3. Date Incorporated or Qualified  
**12/04/1973**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>23-7368565</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country		30. Country			

## 9. Name and Address of Current Registered Agent

**SPIRAKIS, L. M  
900 NORTH 12TH AVENUE  
PENSACOLA FL 32501**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Vice President/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAEL, LINDA</b>	1.2 NAME	<b>Mika, Peggy</b>
STREET ADDRESS	<b>1501 E LLOYD</b>	1.3 STREET ADDRESS	<b>4185 April Road</b>
CITY - ST - ZIP	<b>PENSACOLA, FL 32514</b>	1.4 CITY - ST - ZIP	<b>Pensacola FL 32504</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PLANT, JAMIE S</b>	2.2 NAME	<b>Kopach, Paige</b>
STREET ADDRESS	<b>605 PORT ROYAL WAY</b>	2.3 STREET ADDRESS	<b>901 N. 15th Avenue</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>	2.4 CITY - ST - ZIP	<b>Pensacola FL 32501</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>President/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, RHONDA</b>	3.2 NAME	
STREET ADDRESS	<b>53 NORTH 71ST AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JARVIS, LESLIE I</b>	4.2 NAME	<b>Born, Trisha</b>
STREET ADDRESS	<b>2103 INDA AVENUE</b>	4.3 STREET ADDRESS	<b>1927 Magnolia Avenue</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>	4.4 CITY - ST - ZIP	<b>Pensacola FL 32503</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIRAKIS, L. M</b>	5.2 NAME	
STREET ADDRESS	<b>900 NORTH 12TH AVENUE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PENSACOLA, FL 32507</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEDDERMAN, CAROL B</b>	6.2 NAME	
STREET ADDRESS	<b>4095 TRONJO ROAD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	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)(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:** *L. Maureen Spirikis* **L. Maureen Spirikis** **1-2596** **(904) 485-8300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)