

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 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 32501-48223. Date Incorporated or Qualified
12/04/1973
3a. Date of Last Report
04/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-7368565	Applied For Not Applicable
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name McIntyre, Ann V.	85 Zip Code 32501
82 Street Address (P.O. Box Number is Not Acceptable) 900 North 12th Avenue	
83	
84 City Pensacola	FL

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 617.0502, Florida Statutes.

SIGNATURE: Ann V. McIntyre Ann V. McIntyre, Treasurer 1-20-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE, PEGGY	1.2 NAME	
STREET ADDRESS	4185 APRIL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOPACH, PAIGE	2.2 NAME	Treasurer/D McIntyre, Ann V.
STREET ADDRESS	901 NORTH 15TH AVENUE	2.3 STREET ADDRESS	900 North 12th Avenue
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, RHONDA	3.2 NAME	President/D
STREET ADDRESS	53 NORTH 71ST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORN, TRISHA	4.2 NAME	
STREET ADDRESS	1927 MAGNOLIA AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRAKIS, L. M	5.2 NAME	
STREET ADDRESS	900 NORTH 12TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32507	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEDDERMAN, CAROL B	6.2 NAME	
STREET ADDRESS	4095 TRONJO ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Ann V. McIntyre 1-20-97 (904) 435-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072441

CR2E037 (9/96)