


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728179** (3)  
1. Corporation Name  
**FRIENDS OF THE PENSACOLA PUBLIC LIBRARY, INC.**

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



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>12/04/1973</b>
4. FEI Number <b>23-7368565</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MCINTYRE, ANN V 900 NORTH 12TH AVENUE PENSACOLA FL 32501</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<b>President D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIKE, PEGGY</b>	1.2 NAME	
STREET ADDRESS	<b>4185 APRIL ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	1.4 CITY-ST-ZIP	<b>32504</b>
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCINTYRE, ANN V</b>	2.2 NAME	
STREET ADDRESS	<b>900 NORTH 12 AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	<b>32501</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Vice-President D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TAYLOR, RHONDA</b>	3.2 NAME	<b>Patricia Neal</b>
STREET ADDRESS	<b>53 NORTH 71ST AVENUE</b>	3.3 STREET ADDRESS	<b>1266 Mahogany Mill Road</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	<b>Pensacola FL 32507</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BORN, TRISHA</b>	4.2 NAME	<b>Judith Walker</b>
STREET ADDRESS	<b>1927 MAGNOLIA AVENUE</b>	4.3 STREET ADDRESS	<b>503 Desert Oak Drive</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	<b>Pensacola, FL 32514</b>
TITLE	D <input checked="" 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	D <input checked="" 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 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 *[Signature]* (850) 211-1098

CR2E037 (10/97)