

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 729968 (8)
 1. Corporation Name
FRIENDS OF THE INDIAN ROCKS BEACH LIBRARY, INC.



| | |
|--|--|
| Principal Place of Business C/O CITY HALL 1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 33785 US | Mailing Address C/O CITY HALL 1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 34635 |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/18/1974 | |
| 4. FEI Number 23-7418334 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip 33785 Country | 28 Zip 33785 Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**PAUL, KAY
 2507-1ST STREET
 INDIAN ROCKS BEACH FL 34635**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2507 1st St. Apt. E |
| 83 |
| 84 City |
| 85 Zip Code FL 33785 |

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | T <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PAUL, KAY A | 1.2 NAME | |
| STREET ADDRESS | 2507 1ST ST., APT. E | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL | 1.4 CITY-ST-ZIP | 33785 |
| TITLE | AT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARDY, MILDRED | 2.2 NAME | |
| STREET ADDRESS | 382 12TH AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL | 2.4 CITY-ST-ZIP | 33785 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIERCE, VICTORIA | 3.2 NAME | Wimmer, Gene |
| STREET ADDRESS | 55 HARBOR VIEW LANE, #105 | 3.3 STREET ADDRESS | 3121 Hibiscus Drive |
| CITY-ST-ZIP | BELLAIR BLUFFS FL | 3.4 CITY-ST-ZIP | Belleair Beach FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGILLIVRAY, JEANETTE | 4.2 NAME | Downey, Betty |
| STREET ADDRESS | 1108 GULF BLVD., #202 | 4.3 STREET ADDRESS | 111 7th St. |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL | 4.4 CITY-ST-ZIP | Belleair Beach FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAITE, CAROL | 5.2 NAME | Elm, Irene |
| STREET ADDRESS | 2403- A BAY BLVD. | 5.3 STREET ADDRESS | 484 Harbor Drive N. |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL | 5.4 CITY-ST-ZIP | Indian Rocks Beach FL |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DRISCOLL, ELIZABETH | 6.2 NAME | |
| STREET ADDRESS | 481 N. HARBOR DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL | 6.4 CITY-ST-ZIP | 33785 |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | 33785 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | 33785 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Wimmer, Gene |
| 3.3 STREET ADDRESS | 3121 Hibiscus Drive |
| 3.4 CITY-ST-ZIP | Belleair Beach FL |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Downey, Betty |
| 4.3 STREET ADDRESS | 111 7th St. |
| 4.4 CITY-ST-ZIP | Belleair Beach FL |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Elm, Irene |
| 5.3 STREET ADDRESS | 484 Harbor Drive N. |
| 5.4 CITY-ST-ZIP | Indian Rocks Beach FL |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | 33785 |

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: *Kay A. Paul* **Kay A. Paul Treasurer** **4/9/98** **813 595-3347**

CR2E037 (10/97)