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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729968

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 33785
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/18/1974

4. FEI Number

23-74 18334

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

PAUL, KAY
 2507 1ST ST APT E
 INDIAN ROCKS BEACH FL 33785

10. Name and Address of New Registered Agent

81 Name McGillivray, Jeannette
 82 Street Address (P.O. Box Number is Not Acceptable)
1108 Gulf Blvd. #202
 83
 84 City Indian Rocks Beach FL 85 Zip Code 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 Jeannette McGillivray, Treas. *Jeannette McGillivray* DATE 4/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, KAY A	
STREET ADDRESS	2507 1ST ST., APT. E	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	HARDY, MILDRED	
STREET ADDRESS	382 12TH AVE.	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WIMMER, GENE	
STREET ADDRESS	3121 HIBISCUS DR	
CITY-ST-ZIP	BELLEAIR BCH FL 33786	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWNEY, BETTY	
STREET ADDRESS	111 7TH ST	
CITY-ST-ZIP	BELLEAIR BCH FL 33786	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELM, IRENE	
STREET ADDRESS	484 HARBOR DR N	
CITY-ST-ZIP	INDIAN ROCKS BC 33785	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRISCOLL, ELIZABETH	
STREET ADDRESS	481 N. HARBOR DRIVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McGillivray, Jeannette	
1.3 STREET ADDRESS	1108 Gulf Blvd. #202	
1.4 CITY-ST-ZIP	Indian Rocks Beach FL 33785	
2.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schlising, Corinne	
2.3 STREET ADDRESS	2403 Bay Blvd.	
2.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vladimir, Diane	
3.3 STREET ADDRESS	1 Windrush Blvd. #58	
3.4 CITY-ST-ZIP	Indian Rocks Beach FL 33785	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Briody, Kathy	
6.3 STREET ADDRESS	2618 N. Gulf Blvd.	
6.4 CITY-ST-ZIP	Indian Rocks Beach FL 33785	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered

SIGNATURE: Jeannette McGillivray *Jeannette McGillivray* DATE 4/11/99 727 696 1822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)