

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 # 731667 (2)
1. Corporation Name
FRIENDS OF THE LIBRARY OF LAUDERDALE LAKES, FLORIDA, INC.



Principal Place of Business
**3521 NW 43D AVENUE
LAUDERDALE LAKES FL 33319**

Mailing Address
**3521 NW 43D AVENUE
LAUDERDALE LAKES FL 33319**

3. Date Incorporated or Qualified
01/21/1975

3a. Date of Last Report
04/05/1995

4. FEI Number
59-1745469

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

**LESSNE, MARVIN L.
SUITE 220-3890 W. COMMERCIAL BLVD.
TAMARAC FLORIDA 33313**

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
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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, EVELYN	1.2 NAME	
STREET ADDRESS	3485 ENVIRON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, ROZ	2.2 NAME	
STREET ADDRESS	2900 NW 48TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELIGMAN, LILLIANE	3.2 NAME	
STREET ADDRESS	5041 W. OAKLAND PK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNER, MAX	4.2 NAME	
STREET ADDRESS	2998 N.W. 48TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANFER, SELMA	5.2 NAME	
STREET ADDRESS	4805 NW 35TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITER, SALLY	6.2 NAME	
STREET ADDRESS	2831 SOMERSET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roseanne Goodman 3/2/97 2497-3627

Date

Daytime Phone #

CR2E037 (12/95)