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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731667** (2)

1. Corporation Name

FRIENDS OF THE LIBRARY OF LAUDERDALE LAKES, FLORIDA, INC.



Principal Place of Business

Mailing Address

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

**3521 NW 43D AVENUE
LAUDERDALE LAKES FL 33319-5526**

3521 NW 43 Ave

Same

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

33319

Florida

Same

3. Date Incorporated or Qualified
01/21/1975

3a. Date of Last Report
03/29/1996

4. FEI Number
59-1745469

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Lessne, Marvin L

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 220 - 3890 W Comm Blvd

83 City

Tamarac

84 State

FL

85 Zip Code

33313

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

Roz Goodman

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KLEIN, EVELYN
STREET ADDRESS	3485 ENVIRON BLVD.
CITY-ST-ZIP	LAUDERHILL FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GOODMAN, ROZ
STREET ADDRESS	2900 NW 48TH TERR
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	SELIGMAN, LILLIANE
STREET ADDRESS	5041 W. OAKLAND PK BLVD.
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DENNER, MAX
STREET ADDRESS	2998 N.W. 48TH TERRACE
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
TITLE	DVP <input type="checkbox"/> DELETE
NAME	KANFER, SELMA
STREET ADDRESS	4805 NW 35TH ST
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
TITLE	DT <input type="checkbox"/> DELETE
NAME	REITER, SALLY
STREET ADDRESS	2831 SOMERSET
CITY-ST-ZIP	LAUDERDALE LAKES FL

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Director</i>
1.3 STREET ADDRESS	<i>Luis Murrel</i>
1.4 CITY-ST-ZIP	<i>6130 NW 34 Tamarac Fla. Lauderdale FL 33309</i>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Norma Dik Benitez</i>
2.3 STREET ADDRESS	<i>4156 Invermay Dr</i>
2.4 CITY-ST-ZIP	<i>Lauderhill 33319</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Roz Goodman

9547390270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035134

CR2E037 (9/96)