

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:43

DOCUMENT # 737848 (2)

1. Corporation Name
FRIENDS OF THE GULF GATE LIBRARY, INC.

Principal Place of Business Mailing Address
7112 CURTISS AVE. SARASTOA FL 34231
7112 CURTISS AVE. SARASTOA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1977
3a. Date of Last Report 01/25/1994
4. FEI Number 59-1719248
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
KEENEY, JIM D.
2070 RINGLING BLVD.
SARASOTA FL 34237

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	VA
NAME	MOLINARDO, ANNETTE
STREET ADDRESS	3625 EDGERTON CIRCLE
CITY-ST-ZIP	SARASOTA FL
TITLE	SD
NAME	MARINE, JANET
STREET ADDRESS	1225 BAYHOUSE CT. #220
CITY-ST-ZIP	SARASOTA FL
TITLE	PD
NAME	MCEWEN, MARY ALICE
STREET ADDRESS	2804 HARDEE DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	MARSHALL, A.E.
STREET ADDRESS	3825 TORREY PINES BLVD.
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOE, JACKIE
1.3 STREET ADDRESS	2433 YORSING AVE
1.4 CITY-ST-ZIP	SARASOTA FL 34231
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLARK, ROBERT D.
3.3 STREET ADDRESS	7202 BOUNTY DRIVE
3.4 CITY-ST-ZIP	SARASOTA FL 34231
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A.E. Marshall Jr. A. E. MARSHALL JR. JAN. 30, 1994 813 - 824-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)