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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 737848 (2)

1. Corporation Name

FRIENDS OF THE GULF GATE LIBRARY, INC.



Principal Place of Business

Mailing Address

7112 CURTISS AVE.
SARASOTA FL 34231

7112 CURTISS AVE.
SARASOTA FL 34231-6013

3. Date Incorporated or Qualified
01/17/1977

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1719248

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEENEY, JIM D.
2070 RINGLING BLVD.
SARASOTA FL 34237

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE
NAME DOE, JACKIE
STREET ADDRESS 2433 YORSHIRE AVE
CITY-ST-ZIP SARASOTA FL

1.1 TITLE VD Change Addition
1.2 NAME RECHMAN, CELIA
1.3 STREET ADDRESS 7604 DICKENS DRIVE
1.4 CITY-ST-ZIP SARASOTA FL 34231

TITLE SD DELETE
NAME MARINE, JANET
STREET ADDRESS 1817 BAYHOUSE CT #220
CITY-ST-ZIP SARASOTA FL

2.1 TITLE SD Change Addition
2.2 NAME JARRELL, SUSAN
2.3 STREET ADDRESS 3664 WILSHIRE CIRCLE W.
2.4 CITY-ST-ZIP SARASOTA FL 34231

TITLE PD DELETE
NAME FREEMAN, MARCIA
STREET ADDRESS 3889 KINGSTON BLVD
CITY-ST-ZIP SARASOTA FL 34231

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME MARSHALL, A.E.
STREET ADDRESS 3825 TORREY PINES BLVD.
CITY-ST-ZIP SARASOTA FL 34238

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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:

A. E. Marshall Jr. A.E. MARSHALL JR

JAN. 28, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062873

CR2E037 (9/96)