

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 738728 (5)
1. Corporation Name
POMPAÑO BEACH FRIENDS OF THE LIBRARY, INC.

Principal Place of Business Mailing Address
1213 E. ATLANTIC BLVD. 1213 E. ATLANTIC BLVD.
POMPAÑO BEACH FL 33060 POMPAÑO BEACH FL 33060

FILED

97 OCT 31 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/19/1977		06/25/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		23-7080324		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARLEBACH, RUTH
133 N POMPAÑO BEACH BLVD #1506
POMPAÑO BCH. FL 33062

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	60000239466-5	11/05/97-01089-026	FL	
		*****61.25 *****61.25		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V KARLEBACH, RUTH <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARLEBACH, RUTH	1.2 NAME	SULLIVAN, ELINORE S
STREET ADDRESS	405 N OCEAN BLVD #217	1.3 STREET ADDRESS	405 N. OCEAN BLVD. #217
CITY-ST-ZIP	POMPAÑO BEACH FL	1.4 CITY-ST-ZIP	POMPAÑO BEACH FL
TITLE	SD CUTLER, EDITH <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUTLER, EDITH	2.2 NAME	LAURA POPE
STREET ADDRESS	405 N OCEAN BLVD #904	2.3 STREET ADDRESS	2305 N. OCEAN BLVD
CITY-ST-ZIP	POMPAÑO BEACH FL	2.4 CITY-ST-ZIP	POMPAÑO BEACH FL
TITLE	TD HISOR, WALTER B. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HISOR, WALTER B.	3.2 NAME	RITA KANEV
STREET ADDRESS	3245 NE 5TH STREET	3.3 STREET ADDRESS	405 N. OCEAN BLVD. #1120
CITY-ST-ZIP	POMPAÑO BEACH FL	3.4 CITY-ST-ZIP	POMPAÑO BEACH FL
TITLE	D SCRUGGS, LUCILLE <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUGGS, LUCILLE	4.2 NAME	KARLEBACH, RUTH
STREET ADDRESS	640 NW 15TH MANOR	4.3 STREET ADDRESS	133 N. POMPAÑO BEACH BLVD.
CITY-ST-ZIP	POMPAÑO BEACH FL	4.4 CITY-ST-ZIP	POMPAÑO BEACH FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Ruth Karlebach* RUTH KARLEBACH OCT. 26, 1997 781-4135

CR2E037 (4/97)



FRIENDS OF THE LIBRARY, INC.
POMPANO BEACH ~~CITY~~ LIBRARY

1213 East Atlantic Boulevard
Pompano Beach, FL 33060
(305) 786-4100

October 27, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Enclosed Document #738728 (5)
Pompano Beach Friends of the Library, Inc.
Nonprofit Corporation Annual Report

Dear Sirs:

Our nonprofit organization, incorporated 4/19/1977, meets only from October to May.

I was away from Pompano Beach from the end of May through now. Your Annual Report Packet must have arrived during that time. I regret that there was no one else in residence in Pompano Beach who could have taken care of it.

I enclose my personal check #2143 dated Oct. 27 to cover the Friends of Pompano Beach Library's filing fee in amount of \$61.25 and our 1997 Annual Report.

Thank you.

Ruth Karlebach

Ruth Karlebach
President

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