

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

FILED
Aug 11 1998 8:00am
Secretary of State

DOCUMENT # 738728 (5)

1. Corporation Name

POMPANO BEACH FRIENDS OF THE LIBRARY, INC.

Principal Place of Business

Mailing Address

1213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

1213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060



3. Date Incorporated or Qualified

04/19/1977

4. FEI Number

23-7080324

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Sullivan, Elinore S.

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

405 N. Ocean Blvd. #217

83

Pompano Beach

84 City

FL

85 Zip Code

33062

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 *Elinore S. Sullivan*
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Aug 4, 1998

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE
NAME **SULLIVAN, ELINORE S**
STREET ADDRESS **405 N. OCEAN BLVD. #217**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **SD** ☐ DELETE
NAME **CUTLER, EDITH**
STREET ADDRESS **405 N OCEAN BLVD #904**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **TD** ☐ DELETE
NAME **POPE, LAURA**
STREET ADDRESS **2305 N. OCEAN BLVD.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☒ DELETE
NAME **SCRUGGS, LUCILLE**
STREET ADDRESS **640 NW 15TH MANOR**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Sullivan, Elinore S.**
1.3 STREET ADDRESS **405 N. Ocean Blvd. #217**
1.4 CITY-ST-ZIP **Pompano Beach, FL.**

2.1 TITLE **P co-** ☐ Change ☒ Addition
2.2 NAME **Marano, Maria**
2.3 STREET ADDRESS **405 N. Ocean Blvd #302**
2.4 CITY-ST-ZIP **Pompano Bch, FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Karlebach, Ruth**
3.3 STREET ADDRESS **133 N. Pompano Bch. Blvd. #1506**
3.4 CITY-ST-ZIP **Pompano Bch, FL.**

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

NAME **KANEV, RITA** ☒ DELETE
STREET ADDRESS **405 N. OCEAN BLVD. #1120**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **P** ☒ DELETE
NAME **KARLEBACH, RUTH**
STREET ADDRESS **133 N. POMPANO BEACH BLVD.**
CITY-ST-ZIP **POMPANO BEACH FL**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: *Elinore S. Sullivan*

Elinore S. Sullivan

July 11, 98

954-781-7282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)