

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739187 (3)

1. Corporation Name

THE BUSHNELL PUBLIC LIBRARY, INC.



Principal Place of Business

217 N. MARKET STREET
P. O. BOX 878
BUSHNELL FL 33513

Mailing Address

P.O. BOX 878
BUSHNELL FL 33513
US

3. Date Incorporated or Qualified
05/31/1977

3a. Date of Last Report
08/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-3237786

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

THORNTON, RANDALL N.
4 THUNDERBIRD PLAZA
LAKE PANASOFFKEE FL 33538

10. Name and Address of New Registered Agent

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 the applicable

date of Registered Agent's signature required with renewal filing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAUTZ, CLIFFORD (HARRIET) MRS.	
STREET ADDRESS	5760 S.W. 18TH TERR	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, DONALD (MINNIE) MRS.	
STREET ADDRESS	110 S. FLORIDA STREET	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUANO, VINCE (ELIZABETH) MRS.	
STREET ADDRESS	3135 C.R. 673	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FUSSELL, DEWEY (ELOISE) MRS.	
STREET ADDRESS	124 S. MAIN STREET	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROWN, DONALD (minnie) Mrs	
1.3 STREET ADDRESS	110 S. Florida Ave	
1.4 CITY-ST-ZIP	Bushnell, FL 33513	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KAUTZ, CLIFFORD (HARRIET) MRS.	
2.3 STREET ADDRESS	5760 S.W. 18th Terr	
2.4 CITY-ST-ZIP	Bushnell, FL 33513	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUANO, VINCE (ELIZABETH) MRS.	
3.3 STREET ADDRESS	3135 CR 673	
3.4 CITY-ST-ZIP	Bushnell, FL 33513	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FUSSELL, DEWEY (ELOISE) MRS.	
4.3 STREET ADDRESS	124 S. Main Street	
4.4 CITY-ST-ZIP	Bushnell, FL 33513	
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ELIZABETH R. RUANO

4/10/96

904-793-5519

CR2E037 (12/95)