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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33513-0878
US3. Date Incorporated or Qualified
05/31/19773a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3237786

Applied For

Not Applicable

6. Certificate of Status Desired

**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees8. 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KAUTZ, CLIFFORD (HARRIET) MRS.
STREET ADDRESS 5760 S.W. 18TH TERR
CITY-ST-ZIP BUSHNELL FL 33513 ☐ DELETETITLE VD
NAME BROWN, DONALD (MINNIE) MRS.
STREET ADDRESS 110 S. FLORIDA STREET
CITY-ST-ZIP BUSHNELL FL 33513 ☐ DELETETITLE SD
NAME RUANO, VINCE (ELIZABETH) MRS.
STREET ADDRESS 3135 C.R. 673
CITY-ST-ZIP BUSHNELL FL 33513 ☐ DELETETITLE TD
NAME FUSSELL, DEWEY (ELOISE) MRS.
STREET ADDRESS 124 S. MAIN STREET
CITY-ST-ZIP BUSHNELL FL 33513 ☒ DELETETITLE PD
NAME BROWN, DONALD M MRS
STREET ADDRESS 110 S FLORIDA AVE
CITY-ST-ZIP BUSHNELL FL ☐ DELETETITLE VD
NAME KAUTZ, CLIFFORD H MRS
STREET ADDRESS 5760 SW 18TH TERR
CITY-ST-ZIP BUSHNELL FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME BROWN, DONALD (MINNIE) MRS.
1.3 STREET ADDRESS 110 S. FLORIDA ST.
1.4 CITY-ST-ZIP BUSHNELL, FL 335132.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME KAUTZ, CLIFFORD (HARRIET) MRS.
2.3 STREET ADDRESS 5760 S.W. 18TH TERR
2.4 CITY-ST-ZIP BUSHNELL, FL 335133.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME RUANO, VINCE (ELIZABETH) MRS
4.3 STREET ADDRESS 3135 CR 673
4.4 CITY-ST-ZIP BUSHNELL FL 335135.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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:

Elizabeth Ruano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

568-0001

Daytime Phone # 0045324

CR2E037 (9/96)