

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 # **739862** (1)

1. Corporation Name

FRIENDS LIBRARY OF PUNTA GORDA, INC.



Principal Place of Business

Mailing Address

**424 W. HENRY ST.
PUNTA GORDA FL 33950**

**424 W. HENRY ST.
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified
08/09/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1787924

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

10. Name and Address of New Registered Agent

**COOLEY, BETTY
2881 VIA SEVILLE
PUNTA GORDA FL 33950**

81

Name

MCDONALD, BETTY

82

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

801 MONACO DRIVE

83

84

City

PUNTA GORDA

FL

85 Zip Code

33950

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

Mary Stumpe
Signature, typed or printed name of registered agent and title, if applicable

Treasurer
(NOTE: Registered Agent signature required when reinstating)

3-11-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME LONEY, BARBARA
STREET ADDRESS 110 BAYSHORE COURT
CITY-ST-ZIP PUNTA GORDA FL 33950

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME KRAAY, RUSSELL
1.3 STREET ADDRESS 3520 CAYO LARGO COURT
1.4 CITY-ST-ZIP PUNTA GORDA, FL. 33950 ☐ Change ☐ Addition

TITLE V ☐ DELETE
NAME STEIBEL, JEANNE
STREET ADDRESS 15550 BURNT STORE ROAD #119
CITY-ST-ZIP PUNTA GORDA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME OCHA, BARBARA
STREET ADDRESS 220 COLDEWAY DR. #215
CITY-ST-ZIP PUNTA GORDA FL

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME STUMPE, MARY
3.3 STREET ADDRESS 453 TABEBUIA TREE
3.4 CITY-ST-ZIP PUNTA GORDA, FL. 33955

TITLE SD ☒ DELETE
NAME COOLEY, BETTY
STREET ADDRESS 2881 VIA SEVILLE
CITY-ST-ZIP PUNTA GORDA FL 33950

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME MCDONALD, BETTY
4.3 STREET ADDRESS 801 MONACO DRIVE
4.4 CITY-ST-ZIP PUNTA GORDA, FL. 33950

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **500001745215**
5.3 STREET ADDRESS **-03/15/96--01037--021**
5.4 CITY-ST-ZIP *****61.25**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME *M. M.*
6.3 STREET ADDRESS **3-14-96**
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:

Mary Stumpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY STUMPE

2-23-96

(941)637-6387

Date

Daytime Phone #

CR2E037 (12/95)