NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90001 030 ****61.25

DOCUMENT # 739925

1. Corporation Name

FRIENDS OF THE NEW SMYRNA BEACH REGIONAL LIBRARY INC.

Principal Place of Business	Mailing Address
1001 S DIXIE FWY NEW SMYRNA BEACH FL 32168 US	1001 S DIXIE FWY NEW SMYRNA BEACH FL 32168 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/17/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2504433 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HALDEMAN, ALICE
105 RIVERSIDE DRIVE
NEW SYMRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name: Russell Long
82 Street Address (P.O. Box Number is Not Acceptable): 1001 S. Dixie Fwy
83
84 City: New Smyrna Beach **FL** 85 Zip Code: 32168

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: Russell Long, Russell Long — 10 July 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOWLING, PATRICIA 48 FORE DR NEW SMYRNA BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GRAHER, BETTY 786 PINE SHORES NEW SMYRNA BEACH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VPD GRAHER, BETTY 3700 South Atlantic Ave. #111 New Smyrna Beach , FL 32169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD LUNDSTROM, MARIE 516 INDIAN RIVER PL NEW SMYRNA BEACH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☒ Change ☐ Addition CSD CESAN, GINNY 5 ANDREA DRIVE NEW SMYRNA BEACH, FL 32168
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLINTON, ROBERT 4210 LIZA CLINTON RD EDGEWATER FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition TD DONNELLY, MARY C. 810 Pine Shores Circle New Smyrna Beach, FL 32168
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Patricia Dowling, President — SIGNATURE REQUIRED — Patricia Dowling — 10July1999 — (904)427-5576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #