FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742860** **(0)**

1. Corporation Name

FELLSMERE LIBRARY ASSOCIATION

Principal Place of Business	Mailing Address
N. CYPRESS ST. P O BOX 46 FELLSMORE FL 32948	N. CYPRESS ST. P O BOX 46 FELLSMORE FL 32948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1978
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1768111 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PEREZ, FRANK MRS
72 N PINE ST PO BOX 244
FELLSMERE, FL 32948

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	V.P.D.	☒ Change ☐ Addition
NAME	~~BARONE, FLORRENCE G.~~	1.2 NAME	Louise Smith	
STREET ADDRESS	~~12775 83RD STREET~~	1.3 STREET ADDRESS	151 N. Hickory St.	
CITY-ST-ZIP	FELLSMERE FL	1.4 CITY-ST-ZIP	Fellsmere, FLA 32948	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, MARY	2.2 NAME		
STREET ADDRESS	74 S. HICKORY ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	P.D.	☐ Change ☐ Addition
NAME	LOUISE SMITH	3.2 NAME	Bettie Bock-	
STREET ADDRESS	151 N. HICKORY STREET	3.3 STREET ADDRESS	947 ALBATROSS. Terrace	
CITY-ST-ZIP	FELLSMERE, FL 00000	3.4 CITY-ST-ZIP	SeBastian, FLA, 32958	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	KENNISON, ELLA	4.2 NAME		
STREET ADDRESS	8995 130TH AVE S	4.3 STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE, FL 00000	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Mary L. Carter 3-15-95 1-407 571-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY L. CARTER

0004749

-742860

Please call me at 1-407-571-0045
if you need any other information

STATE OF FLORIDA
DEPARTMENT OF REVENUE
CONSUMER'S CERTIFICATE OF EXEMPTION
Issued Pursuant to Sales and Use Tax Law
Chapter 212, Florida Statutes
This Certificate is Non-Transferable

81444

ISSUE DATE	EXPIRATION DATE	CERTIFICATE NUMBER	TYPE OF ORGANIZATION
01/25/93	01/25/98	41-01-012824-57C	EDUCATIONAL

This is to certify that the organization indicated below is hereby exempt from the payment of Sales or Use Tax on the purchase or lease of tangible personal property, the lease of transient rental accommodations or real property.

Mailing Address:

FELLSMERE LIBRARY ASSOCIATION
P O BOX 46
FELLSMERE FL 32948-0046

Location Address:

NORTH CYPRESS STREET
FELLSMERE FL 32948-000

SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

EXECUTIVE DIRECTOR
L. H. FUCHS

FELLSMERE LIBRARY ASSOCIATION
P.O. BOX 46
FELLSMERE, FL 32948

153

1-26 19 94

63-857/670

PAY TO THE ORDER OF Division of Corporations $ 61.25/100

Sixty One Dollars and 25/100 DOLLARS

Barnett Bank
031-018
816 US Highway 1
Sebastian, Florida 32958

08 246515 02-07 00120480

FOR Fellsmere Library

Mary L. Catlow

⑆067008579⑆0153 33884692734⑈ 0000006125

Dear Sir -
Enclosed find our exempt
status. I've been sending 61.25 for
the past few years. Please note check
dated 1-26-94 - we had no problems
at all. This year I failed to mark
Block 4 - Thank you Mary L Catlow
Treasurer (over)