


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **742860** (0)

1. Corporation Name

FELLSMERE LIBRARY ASSOCIATION

Principal Place of Business

Mailing Address

N. CYPRESS ST.
P O BOX 46
FELLSMERE FL 32948

N. CYPRESS ST.
P O BOX 46
FELLSMERE FL 32948

3. Date Incorporated or Qualified

05/11/1978

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☒ No **NO**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, LOUISE
151 NORTH HICKORY STREET
FELLSMERE FL 32948

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | SMITH, LOUISE | |
| STREET ADDRESS | 151 N HICKORY ST | |
| CITY-ST-ZIP | FELLSMERE FL | |

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Eleanor Yashewski | |
| 1.3 STREET ADDRESS | 126 MULBERRY Street | |
| 1.4 CITY-ST-ZIP | FELLSMERE, FLA 32948 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | CARTER, MARY | |
| STREET ADDRESS | 74 S. HICKORY ST. | |
| CITY-ST-ZIP | FELLSMERE, FL 00000 | |

| | | |
|--------------------|----------------------|---|
| 2.1 TITLE | Treasurer | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MARY CARTER | |
| 2.3 STREET ADDRESS | 74 S. HICKORY ST | |
| 2.4 CITY-ST-ZIP | FELLSMERE, FLA 32948 | |

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BOCK, BETTIE | |
| STREET ADDRESS | 747 ALBATROSS TERR | |
| CITY-ST-ZIP | SEBASTIAN FL | |

| | | |
|--------------------|------------------|--|
| 3.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | RUBY NORMAN | |
| 3.3 STREET ADDRESS | 8 W. MULBERRY ST | |
| 3.4 CITY-ST-ZIP | FELLSMERE, FLA | |

| | | |
|----------------|---------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | KENNISON, ELLA | |
| STREET ADDRESS | 8995 130TH AVE S | |
| CITY-ST-ZIP | FELLSMERE, FL 00000 | |

| | | |
|--------------------|-----------------------|--|
| 4.1 TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Ruth Booker | |
| 4.3 STREET ADDRESS | 6467 56th SQUARE | |
| 4.4 CITY-ST-ZIP | VERO BEACH, FLA 32967 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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 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:

SIGNATURE REQUIRED

Mary Carter

1-8-98

CR2E037 (10/97)