


FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90091 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 742860 1. Corporation Name FELLSMERE LIBRARY ASSOCIATION					
Principal Place of Business N. CYPRESS ST. P O BOX 46 FELLSMERE FL 32948			Mailing Address N. CYPRESS ST. P O BOX 46 FELLSMERE FL 32948		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/11/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1768111	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
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	
				85 Zip Code	
FL					

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	YASHEWSKI, ELEANOR	1.2 NAME	BOISVERT, PHYLLIS
STREET ADDRESS	126 MULBERRY ST	1.3 STREET ADDRESS	12655 81 street (91 st)
CITY-ST-ZIP	FELLSMERE FL 32948	1.4 CITY-ST-ZIP	FELLSMERE FL 32948
TITLE	TD	2.1 TITLE	
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	
NAME	KORMAN, RUBY	3.2 NAME	
STREET ADDRESS	8 NORTH MULBERRY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	BOOKER, RUTH	4.2 NAME	
STREET ADDRESS	6467 55TH SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32967	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)