

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sand B. McJannet Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745900(1)
 1. Corporation Name
FRIENDS OF THE MONROE COUNTY PUBLIC LIBRARY IN KEY WEST, FLORIDA, INC.

Principal Place of Business 700 FLEMING ST KEY WEST FL 33040-6828	Mailing Address 1025 FLEMING ST. KEY WEST, FL 33040
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 02/12/1979	3a. Date of Last Report 7/23/96
4. FEI Number 59-1897084	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CLEMENTS, THOMAS
1025 FLEMING ST.
KEY WEST, FL 33040

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

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	MILLER, MICHAEL	
STREET ADDRESS	625 ANGELA ST.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	NELSON, JUNE	
STREET ADDRESS	1800 ATLANTIC BLVD, #A300	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	CHAPIN, MARJORIE	
STREET ADDRESS	3A 12TH AVE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	CLEMENTS, THOMAS	
STREET ADDRESS	1025 FLEMING ST	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002118479
6.3 STREET ADDRESS	-03/19/97--01117--011
6.4 CITY-ST-ZIP	***61.25

14. I do 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: *Thomas Clements* **THOMAS CLEMENTS** **3/12/97** **305-292-1025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)