

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 STREET KEY WEST FL 33040 US
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3. Date Incorporated or Qualified <b>02/12/1979</b>	
4. FEI Number <b>59-1897084</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, MICHAEL	
STREET ADDRESS	625 ANGELA STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, JUNE	
STREET ADDRESS	1800 ATLANTIC BLVD #A-300	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, THOMAS	
STREET ADDRESS	1025 FLEMING	
CITY-ST-ZIP	KEY WEST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHAPIN, MARGE	
STREET ADDRESS	3-A 12TH AVENUE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	<del>VD</del>	<input type="checkbox"/> DELETE
NAME	<del>LOUIS HARRIS</del>	
STREET ADDRESS	<del>1500 ATLANTIC BLVD.</del>	
CITY-ST-ZIP	<del>KEY WEST, FL 33040</del>	
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 checked="" type="checkbox"/> Addition
5.2 NAME	VD HARRIS, LOUIS
5.3 STREET ADDRESS	1500 ATLANTIC BLVD.
5.4 CITY-ST-ZIP	KEY WEST, FL 33040
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: Thomas Clements **THOMAS CLEMENTS** 1/27/98 305-292-1025

CR2E037 (10/97)