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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745900

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/12/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1897084
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 30	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

CLEMENTS, THOMAS
1025 FLEMING ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MILLER, MICHAEL	1.1 TITLE	
NAME	625 ANGELA STREET	1.2 NAME	
STREET ADDRESS	KEY WEST FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD HARRIS, LOUIS	2.1 TITLE	VD
NAME	1500 ATLANTIC BLVD	2.2 NAME	READ, NELSON
STREET ADDRESS	KEY WEST FL 33040	2.3 STREET ADDRESS	1509 PATRICIA ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	TD CLEMENTS, THOMAS	3.1 TITLE	
NAME	1025 FLEMING	3.2 NAME	
STREET ADDRESS	KEY WEST FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD CHAPIN, MARGE	4.1 TITLE	SD
NAME	3-A 12TH AVENUE	4.2 NAME	KESAR, AMANDA
STREET ADDRESS	KEY WEST FL	4.3 STREET ADDRESS	918 SOUTHARD ST., APT 105
CITY-ST-ZIP		4.4 CITY-ST-ZIP	KEY WEST, FL 33040.
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: Thomas Clements 1/4/99 305-292-1025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)