FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 23 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749397** **(6)**

1. Corporation Name
FRIENDS OF THE LARGO LIBRARY, INC.

Principal Place of Business	Mailing Address
351 EAST BAY DRIVE LARGO FL 34640	351 EAST BAY DRIVE LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1979**
3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-2386991** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

PECAREK, JOHN, ATTORNEY AT LAW
200 CLEARWATER-LARGO ROAD SW
LARGO FL 34640

500001442685
-03/29/95--01048--006
*****68.75 *****68.75

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	~~DONALDSON, EMILY~~	12 NAME	WILKINS, MYRTLE
STREET ADDRESS	~~105 HARBOR VIEW LN~~	13 STREET ADDRESS	2465 KEENE BLVD DR.
CITY-ST-ZIP	~~LARGO, FL 00000~~	14 CITY-ST-ZIP	LARGO, FL 34642
TITLE	D	21 TITLE	VP ☒ Change ☒ Addition
NAME	~~PARKER DOROTHY~~	22 NAME	RENA STEVENS
STREET ADDRESS	~~1813 NORTHVIEW ROAD~~	23 STREET ADDRESS	236 LARK DR. SW
CITY-ST-ZIP	~~LARGO, FL 00000~~	24 CITY-ST-ZIP	LARGO FL 34648
TITLE	T	31 TITLE	T ☒ Change ☐ Addition
NAME	~~KNIGHT, INGE~~	32 NAME	GERDA BIRKHOLZ
STREET ADDRESS	~~2272 8TH AVE., SW~~	33 STREET ADDRESS	7004 - 7TH PL SW.
CITY-ST-ZIP	~~LARGO FL~~	34 CITY-ST-ZIP	LARGO FL 34640
TITLE	~~S~~ P	41 TITLE	Asst T. ☒ Change ☐ Addition
NAME	WILKINS, MYRTLE	42 NAME	KATHRYN PORTER
STREET ADDRESS	2465 KEENE BLD.DRIVE	43 STREET ADDRESS	608 - 7TH AVE N.W
CITY-ST-ZIP	LARGO FL	44 CITY-ST-ZIP	LARGO FL 34640
TITLE	D	51 TITLE	R. Sec. ☒ Change ☐ Addition
NAME	~~BAXTER, LYNN~~	52 NAME	RUTH BURGESS
STREET ADDRESS	~~11701 66TH AVE., N~~	53 STREET ADDRESS	7000 E. BAY DR. #61
CITY-ST-ZIP	~~SEMINOLE FL~~	54 CITY-ST-ZIP	LARGO FL 34641
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	~~FIELDING, LOIS~~ deceased 3-23	62 NAME	EMILY DONALDSON
STREET ADDRESS	~~200 LAKE AVENEU, NE, #527~~	63 STREET ADDRESS	105 HARBOR VIEW LN
CITY-ST-ZIP	~~LARGO FL~~	64 CITY-ST-ZIP	LARGO FL 346

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an amendment with an attached.

SIGNATURE: for GWP Gerda Birkholz 7/24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GERDA BIRKHOLZ

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