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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753734 (3)

1. Corporation Name

FRIENDS OF THE PALM BEACH COUNTY PUBLIC LIBRARY,
INC.

Principal Place of Business

3650 SUMMIT BLVD.
WEST PALM BEACH FL 33406

Mailing Address

3650 SUMMIT BLVD.
WEST PALM BEACH FL 33406-4114

3. Date Incorporated or Qualified

08/12/1980

3a. Date of Last Report

04/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

25

Zip

29

Country

30

4. FEI Number

59-2038524

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BROWNLEE, JERRY W. MR.
3650 SUMMIT BLVD.
WEST PALM BEACH FL 33406

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

STEVENS, MARVIN
4725 N. PALMA CIRCLE
WEST PALM BEACH FLTITLE VD ☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

KUSTAD, LYNN
13352 NORTHUMBERLAND CIRCLE
WELLINGTON FLTITLE VD ☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

CAUSEY, LYNN
13352 NORTHUMBERLAND CR
WELLINGTON FLTITLE T ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

ECKLER, INGRID A
2750 SEACREST BLVD.
DELRAY BCH. FLTITLE SD ☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

BENNETT, DEBORAH
4465 BARCLAY FAIR WAY
LAKE WORTH FLTITLE D ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

GELLATLY, JOAN
5443 CRESTHAVEN BLVD
WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/D ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Robert Tazner
1185 Periwinkle Place
Wellington, FL 33414

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

S/D
Rosalie M. Krasnow
7378 Pine Forest Circle
Lake Worth, FL 33467

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D
Ralph O. Johnson
678 East First Street
Pahokee, FL 33476

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D
Dorathy Rikon
Andover J 255
West Palm Beach, FL 33417

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

Ingrid A. Eckler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-4-97 Daytime Phone # 561-276-5775

CR2E037 (9/96)