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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 755881

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FRIENDS OF THE COASTAL REGION LIBRARY, INC.

Principal Place of Business Mailing Address						
B619 WEST CRYSTAL STREET B619 WEST CRYSTAL STR CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429						
					3. Date Incorporated or Qualified 01/14/1981	3a. Date of Last Report 03/08/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2075125	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u></u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	,	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp 24	Country 25	Ζφ 29	Goun	try	8. This corporation has liability for i	intangible tax under s. 199.032, ☑ Yes 🌠 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent
			[+	81 Name		
GOODE, DOROTHY 6035 AINSLEY CT CRYSTAL RIVER FL 34429			ļ	82 Street Address (P.O. Box Number is Not Acceptable)		
			ļ	93		
			ļī	84 City		FL 85 Zip Code
or register familiar wit	o the provisions of Sections 617,050: ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authorize	ed by the co	e-named co- orporation's l	rporation submits this statement for the pur board of directors. I hereby accept the appr	pose of changing its registered offi pintment as registered agent. I am
SIGNATURE .	Signature, typed or printed name of registered ages	hand lifte it applicable (NO	TF: Registered A	igent signature re	iquired when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITU	.E		Change Addition
NAME	GOODE, DOROTHY		1.2 NA)	ME		
STREET ADDRESS	6035 AINSLEY CT			EET ADDRESS		
CHTY - ST - ZIP	CRYSTAL RIVER FL VPD			Y-ST-ZIP		Change Addition
TETLE	FLEETIE, BAKER	DELETE	2 1 111	i		C Grange C Augition
NAME exercis appoints	6018 W BROMLEY CIR		2 2 NAI			
STREET ADDRESS	CRYSTAL RIVER FL			REET ADDRESS		
CITY-ST-ZIP TITLE	SD	™ DELETE	2 4 CH	Y-ST-ZIP LE	SID	Change Addition
NAME	KAPLE, ZITA		3 2 NA		MARY GALLAGHER	
STREET ADDRESS	3861 N EAGLE POINT			REET ADDRESS	6104 W. FRAMINGHA	m ct.
CITY - ST - ZIP	CRYSTAL RIVER FL			Y - ST - ZIP	CRYSTAL RIYER FL.	34429
TITLE	TD	DELETE	4.1 111		TID	Change Addition
NAME	DURYEA, MARGO		4. 2 NA	ME	MARY G. AUGSBACH	
STREET ADDRESS	7125 W MILWE LANE		4.3 STF	REET ADDRESS	3920 N. CALUSA Pt.	
CITY - ST - ZIP	CYRSTAL RIVER FL		4.4.01	Y-ST-ZIP	CRYSTAL RIVER, FL.	34428
TITLE	D	₹ DELETE	5 † TITI	LF		☐ Change ☐ Addition
NAME	SCHMID, MARY		5 2 NAI	ME		
STREET ADDRESS	16 SW BCH LANE 101		53516	REET ADDRESS		
City-St-Zip	CRYSTAL RIVER FL 34429		5.4 CH	Y-ST-ZIP		
TITLE	D	DELETE	6 1 TIT	LE		Change Addition
NAME	ANSON, BETSY		6.2 NAI			
STREET ADDRESS	6028 W DORSET DR		6.3 \$TF	REET ADDRESS		
CITY - ST - ZIP	CRYSTAL RIVER FL		6 4 CIT	Y - ST - ZIP		

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)(k), 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: MANY B. QUASBACH 710 MARY G. AUGSBACH 2/10/96 352.563-5720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E037 (12/95)