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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

DOCUMENT # 756623 (5)

1. Corporation Name
THE MELROSE LIBRARY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 54 MELROSE FL 32666 US	PO BOX 54 MELROSE FL 32666 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1981
3a. Date of Last Report: 04/05/1994
4. FEI Number: 58-9128802 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BARTLETT, CHARLES H
RR2 BOX 212CC
ROUTE 21
HAWTHORNE FL 32640

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	D	1.1 TITLE	☐ Change ☒ Addition
NAME	MEYER, HARVEY	1.2 NAME	
STREET ADDRESS	8146 ALDERMAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	1.4 CITY-ST-ZIP	Zip 32666
TITLE	T	2.1 TITLE	☐ Change ☒ Addition
NAME	BARTLETT, CHARLES H	2.2 NAME	
STREET ADDRESS	RR 2 BOX 212CC	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	2.4 CITY-ST-ZIP	Zip 32640
TITLE	S	3.1 TITLE	☐ Change ☒ Addition
NAME	GEISEL, JEAN	3.2 NAME	
STREET ADDRESS	RT 2 BOX 2017 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	3.4 CITY-ST-ZIP	Zip 32666
TITLE	P	4.1 TITLE	☐ Change ☒ Addition
NAME	CARR, JANET A	4.2 NAME	
STREET ADDRESS	743 SEMINOLE RIDGE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	4.4 CITY-ST-ZIP	Zip 32666
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	CASH, HELEN	5.2 NAME	
STREET ADDRESS	~~S.R. 21, P.O. BOX 20 N/A~~	5.3 STREET ADDRESS	1594 NW 19th Circle
CITY-ST-ZIP	~~MELROSE FL~~	5.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	WARREN, KATHI	6.2 NAME	
STREET ADDRESS	P.O. BOX 26 (NA)	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	6.4 CITY-ST-ZIP	Zip 32666

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 on an attachment with an address.

SIGNATURE: Charles H Bartlett 2/9/95 (904) 475-7095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Charles H. Bartlett

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