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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 756623 (5)

1. Corporation Name
THE MELROSE LIBRARY ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: 03/04/1981

4. FEI Number: 58-9128802 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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: Charles H. Bartlett
82 Street Address (P.O. Box Number is Not Acceptable): 125 Quail Lane
83
84 City: Hawthorne FL 85 Zip Code: 32640

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 _____ 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	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BONSTEEL, PAT		1.2 NAME		
STREET ADDRESS	3051 SE STATE RD 21 UNIT 7		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARTLETT, CHARLES H		2.2 NAME		
STREET ADDRESS	125 QUAIL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GEISEL, JEAN		3.2 NAME		
STREET ADDRESS	6221 DOGWOOD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, BETTY		4.2 NAME		
STREET ADDRESS	23212 NE 69TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RENZELMAN, PEGGY		5.2 NAME		
STREET ADDRESS	6102 N 256TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, ANNA		6.2 NAME		
STREET ADDRESS	8467 LILLY LAKE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Charles H. Bartlett Charles H Bartlett 4/8/98 (352)475-2295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #