

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90014 018 ****61.25

DOCUMENT # 756623 ✓

1. Corporation Name

THE MELROSE LIBRARY ASSOCIATION, INC.

Principal Place of Business

312 WYNWOOD
MELROSE FL 32666
US

Mailing Address

PO BOX 54
MELROSE FL 32666
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/04/1981

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

9. Name and Address of Current Registered Agent

BARTLETT, CHARLES H
125 QUAIL LANE
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 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 ☐ DELETE

NAME
BONSTEEL, PAT
STREET ADDRESS
3051 SE STATE RD 21 UNIT 7
CITY-ST-ZIP
MELROSE FL

TITLE ☐ DELETE

NAME
BARTLETT, CHARLES H
STREET ADDRESS
125 QUAIL LANE
CITY-ST-ZIP
HAWTHORNE FL

TITLE ☐ DELETE

NAME
GEISEL, JEAN
STREET ADDRESS
6221 DOGWOOD LANE
CITY-ST-ZIP
MELROSE FL

TITLE ☒ DELETE

NAME
STEVENS, BETTY
STREET ADDRESS
23212 NE 69TH AVE
CITY-ST-ZIP
MELROSE FL

TITLE ☐ DELETE

NAME
RENZELMAN, PEGGY
STREET ADDRESS
6102 N 255TH ST
CITY-ST-ZIP
MELROSE FL

TITLE ☐ DELETE

NAME
ELLIOTT, ANNA
STREET ADDRESS
8467 LILLY LAKE RD
CITY-ST-ZIP
MELROSE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME
Director
Kathi Warren
STREET ADDRESS
500 Grove St.

1.4 CITY-ST-ZIP
Melrose, FL 32666

2.1 TITLE ☐ Change ☒ Addition

NAME
Director
Asst. Treas.
Charles B. Norton
STREET ADDRESS
1050 S.E. Cty. Rd. 21 B

2.4 CITY-ST-ZIP
Melrose, FL 32666

3.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

NAME
Director
Pam Whiting
STREET ADDRESS
8109 N.E. 221st St.
CITY-ST-ZIP
Melrose, FL 32666

5.1 TITLE ☐ Change ☒ Addition

NAME
Director
Natie Corr
STREET ADDRESS
221 Hampton St.
CITY-ST-ZIP
Melrose, FL 32666

6.1 TITLE ☐ Change ☒ Addition

NAME
Director
Joan Barco
STREET ADDRESS
106 Sunset Drive
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502, Florida Statutes, and 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)