

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 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 # 759317 (1)
 1. Corporation Name
 FRIENDS OF THE HIGHLAND BEACH TOWN LIBRARY, INC.



Principal Place of Business Mailing Address
 . INC. . INC.
 C/O 3614 SOUTH OCEAN BOULEVARD C/O 3614 SOUTH OCEAN BOULEVARD
 HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487

3. Date Incorporated or Qualified
 07/27/1981

4. FEI Number
 59-2121478 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. 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

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

9. Name and Address of Current Registered Agent
 LEWIS, JEAN
 4513 S. OCEAN BLVD
 HIGHLAND BCH FL 33487

10. Name and Address of New Registered Agent
 81 Name BEHRMAN, DIANE
 82 Street Address (P.O. Box Number is Not Acceptable) 4740 SO. OCEAN BLVD.
 83
 84 City HIGHLAND BEACH FL 85 Zip Code 33487

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 *Elean Behrman* 7/29/98
 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	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, MARY ELIZABETH	
STREET ADDRESS	2701 S OCEAN	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOVAK, LIANE	
STREET ADDRESS	3221 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	P/O	<input type="checkbox"/> DELETE
NAME	BEHRMAN, DIANE	
STREET ADDRESS	4740 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GOLDENSON, FELIX R.	
STREET ADDRESS	3224 S. OCEAN BLVD. #615	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	V.P/O	<input type="checkbox"/> DELETE
NAME	LEWIS, JEAN	
STREET ADDRESS	4513 S. OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRESNAHAN, EULA	
STREET ADDRESS	3310 S OCEAN BLVD #626	
CITY-ST-ZIP	HIGHLAND BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALFRED E. BRESNAHAN	
1.3 STREET ADDRESS	3310 SO. OCEAN BLVD. 626	
1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL. 33487	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELEANOR SCHRY	
2.3 STREET ADDRESS	1057 BOCA COVE LANE	
2.4 CITY-ST-ZIP	HIGHLAND BEACH, FL. 33487	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELEANOR VERMEIRE	
3.3 STREET ADDRESS	3114 SO. OCEAN BLVD #404	
3.4 CITY-ST-ZIP	HIGHLAND BEACH, FL. 33487	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOANNE FREEMAN	
4.3 STREET ADDRESS	3912 SO. OCEAN BLVD. 124	
4.4 CITY-ST-ZIP	HIGHLAND BEACH, FL. 33487	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CAROL SNYDER	
5.3 STREET ADDRESS	3114 SO. OCEAN BLVD.	
5.4 CITY-ST-ZIP	HIGHLAND BEACH, FL. 33487	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002625834	
6.3 STREET ADDRESS	-08/27/98--01001--016	
6.4 CITY-ST-ZIP	***61.25	

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: *Alfred E. Bresnahan* 7-29-98
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)