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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90006 009 \*\*\*\*61.25

Form 1-98

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 760887

1. Corporation Name

FRIENDS OF THE BOYNTON BEACH CITY LIBRARY, INC.

Principal Place of Business

208 S SEACREST BLVD  
 BOYNTON BCH FL 33435

Mailing Address

208 S SEACREST BLVD  
 BOYNTON BCH FL 33435



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/03/1981

4. FEI Number

59-2276356

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

VIRGINIA K. FARACE  
 208 S. SEACREST BLVD.  
 BOYNTON BEACH FL 33435

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	DS	<input checked="" type="checkbox"/> DELETE
NAME	CLERICO, MARY	
STREET ADDRESS	2008 S. FEDERAL HWY. #C204	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OPPENHEIMER, BOBBI	
STREET ADDRESS	62-C EASTGATE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WELCH, BETTY A	
STREET ADDRESS	636 W OCEAN AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNIE SWENDSEEN	
STREET ADDRESS	10520 LIMEBERRY DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JACK G. ARMSTRONG	
STREET ADDRESS	4376 PINE TREE DR.	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHIEL, BENNI	
STREET ADDRESS	897 SUNDECK WAY	
CITY-ST-ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Maryann Tata	
1.3 STREET ADDRESS	2637 SW 23 Cranbrook Ct	
1.4 CITY-ST-ZIP	Boynton Bch, FL 33436	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Virginia Doabecker	
2.3 STREET ADDRESS	1707 Banyon Creek Ct.	
2.4 CITY-ST-ZIP	Boynton Bch, FL 33436	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Elizabeth L. Armstrong	
5.3 STREET ADDRESS	4376 Pine Tree Dr.	
5.4 CITY-ST-ZIP	Boynton Bch, FL 33436	
6.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

*El...* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/99

Daytime Phone #

561-364-0609

CR2E037 (1/198)