

**FILE NOW: FILING FEE AFTER MAY 1, IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:25

DOCUMENT # **766345** (3)  
1. Corporation Name  
**FRIENDS OF THE HOBE SOUND LIBRARY, INC.**

Principal Place of Business Mailing Address  
8905 SE BRIDGE ROAD  
P.O. BOX 602  
HOBE SOUND FL 33475-7802  
8905 SE BRIDGE ROAD  
P.O. BOX 602  
HOBE SOUND FL 33475-7802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/29/1982</b>	3a. Date of Last Report <b>03/18/1994</b>
4. FEI Number <b>59-2274663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 # 24	Country 25
Zip # 29	Country 30

9. Name and Address of Current Registered Agent  
**INMAN, MARY JANE  
8492 SE DRIFTWOOD ST.  
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Mary Jane Inman* DATE **3/24/95**  
Signature typed or printed name of registered agent and title if applicable (INCORPORATED) Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>ZOOK-VEGA, RUTH ANN</b>
STREET ADDRESS	<b>328 HUNTER LAKES BLVD #2307-A</b>
CITY - ST - ZIP	<b>JUPITER FL</b>
TITLE	<b>SD</b>
NAME	<b>GROTE, JEWEL</b>
STREET ADDRESS	<b>4303 SE HOPETOWN TERRACE</b>
CITY - ST - ZIP	<b>STUART FL</b>
TITLE	<b>D</b>
NAME	<b>INMAN, MARY JANE</b>
STREET ADDRESS	<b>8492 SE DRIFTWOOD STREET</b>
CITY - ST - ZIP	<b>HOBE SOUND FL</b>
TITLE	<b>PD</b>
NAME	<b>ADDISON, STEVE</b>
STREET ADDRESS	<b>8788 SE RAGDON WAY</b>
CITY - ST - ZIP	<b>HOBE SOUND FL</b>
TITLE	<b>VP</b>
NAME	<b>NOZNESKY, AMY</b>
STREET ADDRESS	<b>9024 PELICAN ISL WAY</b>
CITY - ST - ZIP	<b>HOBE SOUND FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Secretary</b>
23 STREET ADDRESS	<b>CAROL STETSON</b>
24 CITY - ST - ZIP	<b>8542 SE ROYAL STREET HOBE SOUND, FL 33455</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>President</b>
43 STREET ADDRESS	<b>AMY NOZNESKY</b>
44 CITY - ST - ZIP	<b>9024 PELICAN ISLAND WAY HOBE SOUND, FL 33455</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Vice President</b>
53 STREET ADDRESS	<b>BICKLEY SIMPSON</b>
54 CITY - ST - ZIP	<b>P.O. BOX 1106 HOBE SOUND, FL 33475</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>REMITTED BY MARY JANE</b>
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Jane Inman* DATE **3/24/95**  
Signature typed or printed name of signing officer or director **407 546-2472**