

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business Mailing Address
8985 SE BRIDGE ROAD 8985 SE BRIDGE ROAD
P.O. BOX 602 P.O. BOX 602
HOBE SOUND FL 33475-7602 HOBE SOUND FL 33475-7602

3. Date Incorporated or Qualified **12/29/1982** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number **59-2274663** 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INMAN, MARY JANE
8492 SE DRIFTWOOD ST.
HOBE SOUND FL 33455

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 *Mary Jane Inman*
Signature, typed or printed name of registered agent and title, if applicable

March 12 1996
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOOK-VEGA, RUTH ANN	1.2 NAME JUDY DUXBURY
STREET ADDRESS	326 JUPITER LAKES BLVD #2307-A	1.3 STREET ADDRESS 12142 S. E. HECKLER DRIVE
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP HOBE SOUND, FLORIDA 33455
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STETSON, CAROL	2.2 NAME BICKLEY SIMPSON
STREET ADDRESS	8542 SE ROYLA ST	2.3 STREET ADDRESS 101 HARBOR WAY/P. O. BOX 1106
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP HOBE SOUND, FLORIDA 33475
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INMAN, MARY JANE	3.2 NAME
STREET ADDRESS	8492 SE DRIFTWOOD STREET	3.3 STREET ADDRESS
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOZNESKY, AMY	4.2 NAME MARY JANE INMAN
STREET ADDRESS	9024 PELICAN ISLAND WAY	4.3 STREET ADDRESS 8492 S. E. DRIFTWOOD STREET
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP HOBE SOUND, FLORIDA 33455
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, BICKLEY	5.2 NAME TOM PRESTEGARD
STREET ADDRESS	P O BOX 1106	5.3 STREET ADDRESS 8931 S. E. EAGLE AVENUE
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP HOBE SOUND, FLORIDA 33455
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 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 119.07(3)(h), 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: *Mary Jane Inman* MARY JANE INMAN 3/11/96 407-546-2472
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)