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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
P.O. BOX 602
HOBE SOUND FL 33475-7602

8985 SE BRIDGE ROAD
P.O. BOX 602
HOBE SOUND FL 33475-0602

3. Date Incorporated or Qualified
12/29/1982

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2274663

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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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

FEBRUARY 10, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD DELETE
NAME DUXBURY, JUDY
STREET ADDRESS 12142 SE HECKER STREET
CITY-ST-ZIP HOBE SOUND FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME SIMPSON, BICKLEY
STREET ADDRESS 101 HARBOR WAY
CITY-ST-ZIP HOBE SOUND FL

2.1 TITLE Change Addition
2.2 NAME SD
2.3 STREET ADDRESS STETSON, CAROL
2.4 CITY-ST-ZIP 8542 S. E. ROYAL STREET
HOBE SOUND, FLORIDA 33455

TITLE PD DELETE
NAME INMAN, MARY JANE
STREET ADDRESS 8492 SE DRIFTWOOD STREET
CITY-ST-ZIP HOBE SOUND FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP DELETE
NAME PRESTEGARD, TOM
STREET ADDRESS 8931 SE EAGLE AVENUE
CITY-ST-ZIP HOBE SOUND FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

MARY JANE INMAN

2/10/97

5661-546-2472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044451

CR2E037 (9/96)