


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766345 (3)
1. Corporation Name
FRIENDS OF THE HOBE SOUND LIBRARY, INC.



Principal Place of Business 8985 SE BRIDGE ROAD P.O. BOX 602 HOBE SOUND FL 33475-7802	Mailing Address 8985 SE BRIDGE ROAD P.O. BOX 602 HOBE SOUND FL 33475-7802
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3. Date Incorporated or Qualified 12/29/1982
4. FEI Number 59-2274663
Applied For <input type="checkbox"/> Not Applicable

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. Zip	25. Country
29. Zip	30. Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUXBURY, JUDY	1.2 NAME	
STREET ADDRESS	12142 SE HECKER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STETSON, CAROL	2.2 NAME	SD LONEK, ANN
STREET ADDRESS	8542 SE ROYAL STREET	2.3 STREET ADDRESS	8259 S.E. Croft Circle
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	Hobe Sound, Florida 33455
TITLE	PD <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	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTEGARD, TOM	4.2 NAME	PD PRESTEGARD, TOM
STREET ADDRESS	8931 SE EAGLE AVENUE	4.3 STREET ADDRESS	8931 S. E. Eagle Avenue
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	Hobe Sound, Florida 33455
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP LIEBER, CATHY
STREET ADDRESS		5.3 STREET ADDRESS	9231 S.E. Parkway Drive
CITY-ST-ZIP		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 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* **RECEIVED** January 15, 1998 (561) 546-2472

CR2E037 (1097)