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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 766345

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 33475-7602
 Mailing Address: 8985 SE BRIDGE ROAD, P.O. BOX 602, HOBE SOUND FL 33475-7602



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|-----------------------------------|---------------------------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 12/29/1982 | |
| 22 | City & State | 27 | City & State | 4. FEI Number | Applied For |
| 23 | Zip | 28 | Country | 59-2274663 | Not Applicable |
| 24 | Country | 29 | Country | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 25 | Country | 30 | Country | 6. Election Campaign Financing | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 26 | Country | 31 | Country | Trust Fund Contribution | |

| | | | | | | | |
|------------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|----|----|
| 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 |

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* MARY JANE INMAN Feb 8, 1999
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 <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 type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LONEK, ANN | 2.2 NAME | |
| STREET ADDRESS | 8259 SE CROFT CIR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | 2.4 CITY-ST-ZIP | |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIEBER, CATHY | 3.2 NAME | |
| STREET ADDRESS | 9231 SE PARKWAY DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | 3.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 4.1 TITLE | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRESTEGARD, TOM | 4.2 NAME | PRESTEGARD, TOM |
| STREET ADDRESS | 8931 SE EAGLE AVENUE | 4.3 STREET ADDRESS | 8931 SE Eagle Avenue |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | 4.4 CITY-ST-ZIP | Hobe Sound, FL 33455 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | BROWN, WILFORD, JR. |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 8620 SE Sabal Street |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Hobe Sound, FL 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, with all other like empowered.

SIGNATURE: *Judy Duxbury* SIGNATURE REQUIRED: JUDY DUXBURY 2/10/99 561-546-2257
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)