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Jan 27 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 # 767239 (7)
1. Corporation Name
FRIENDS OF THE ORMOND BEACH PUBLIC LIBRARY, INC.



Principal Place of Business Mailing Address
#30 S. BCH. ST. ORMOND BEACH FL 32174 #30 S. BCH. ST. ORMOND BEACH FL 32174

3. Date Incorporated or Qualified 03/02/1983 3a. Date of Last Report 02/02/1986

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2301462 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code
SLAUGHTER, LEWIS W.
30 SOUTH BEACH ST
ORMOND BEACH LIBRARY
ORMOND BEACH FL 32174

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: [Signature] DATE: 1/13/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE	1.1 TITLE	Change	Addition
NAME	BRANDON, GERALD		1.2 NAME		
STREET ADDRESS	38 SHADOW CREEK WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE	Change	Addition
NAME	CASTARDO-JONES, REBECCA		2.2 NAME		
STREET ADDRESS	180 ELLICOTT DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	DELETE	3.1 TITLE	Change	Addition
NAME	STEARNS, RUTH		3.2 NAME		
STREET ADDRESS	8 STIRLING CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 CITY-ST-ZIP		
TITLE	SD	DELETE	4.1 TITLE	Change	Addition
NAME	BETTY, IDAMAY		4.2 NAME		
STREET ADDRESS	817 LINDENWOOD CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		4.4 CITY-ST-ZIP		
TITLE	TD	DELETE	5.1 TITLE	Change	Addition
NAME	SLAUGHTER, LEWIS		5.2 NAME		
STREET ADDRESS	53 N ST ANDREWS		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	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 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: [Signature] DATE: 1/13/97 904 602 8890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0077325

CR2E037 (9/96)