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FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767836 (0)

1. Corporation Name
FRIENDS OF THE LIBRARY OF HERNANDO COUNTY, FLORIDA, INC.

Principal Place of Business 238 HOWELL AVE BROOKSVILLE FL 34801	Mailing Address 238 HOWELL AVE BROOKSVILLE FL 34801
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**PARENT, DEBORAH
6391 EVARO AVE
SPRING HILL FL 34608**

3. Date Incorporated or Qualified 04/06/1983
4. FEI Number 59-2401288
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 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

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

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, JANE	1.2 NAME	Elizabeth Geentjens
STREET ADDRESS	4007 SUGARFOOT DRIVE	1.3 STREET ADDRESS	2320 ARDENWOOD DR
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREER, EVELYN	2.2 NAME	DONALD WALTERS
STREET ADDRESS	10595 MARYSVILLE STREET	2.3 STREET ADDRESS	6267 SUNDAY RD
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	T D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, DEBORAH	3.2 NAME	
STREET ADDRESS	6391 EVARO AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INFANTE, ALICE	4.2 NAME	ELIZABETH DEPEW
STREET ADDRESS	2077 ESCOBAR AVE	4.3 STREET ADDRESS	2434 WORTHINGTON CT
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLOCK, ANNE	5.2 NAME	
STREET ADDRESS	8538 DELAWARE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ALICE INFANTE (D)
STREET ADDRESS		6.3 STREET ADDRESS	2077 ESCOBAR AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SPRING HILL, FL 34608

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: *Deborah Parent* **DEBORAH PARENT 1/2/98 352-596-5001**

CR2E037 (10/97)