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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT,
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham *
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01116 (5)

1. Corporation Name

EUSTIS LIBRARY FOUNDATION, INC.

Principal Place of Business

Mailing Address

120 N. CENTER STREET
C/O STEVEN BENETZ
EUSTIS FL 32726120 N. CENTER STREET
C/O STEVEN BENETZ
EUSTIS FL 32726-3512

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

01/23/1984

3a. Date of Last Report

01/26/1996

4. FEI Number

59-2368221

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees8. 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

BENETZ, E. STEVEN
120 N. CENTER STREET
EUSTIS FL 32726

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

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 T
NAME BLECKLEY-YARBROUGH, DAWN
STREET ADDRESS 37350 OAK LANE
CITY-ST-ZIP EUSTIS FL☐ DELETETITLE S
NAME BENETZ, E. STEVEN
STREET ADDRESS 1503 TYRINGHAM ROAD
CITY-ST-ZIP EUSTIS FL☐ DELETETITLE D
NAME TRASK, ALTA
STREET ADDRESS 18 FOREST LANE
CITY-ST-ZIP EUSTIS FL☐ DELETETITLE VP
NAME LE HEUP, WILLIAM
STREET ADDRESS 434 E. LEMON AVE
CITY-ST-ZIP EUSTIS FL☐ DELETETITLE P
NAME MOULDEN, ROBERT L
STREET ADDRESS 1908 MORRIS STREET
CITY-ST-ZIP EUSTIS FL☐ DELETETITLE D
NAME STONE, LEWIS
STREET ADDRESS 10 VILLA WAY
CITY-ST-ZIP EUSTIS FL☐ DELETE1.1 TITLE D
1.2 NAME Alvin B. Jackson
1.3 STREET ADDRESS PO Box 124
1.4 CITY-ST-ZIP Eustis, Florida 32727 (N/A)☐ Change ☒ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013643

CR2E037 (9/96)