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Aug 01 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 # N15338 (9)

1. Corporation Name

FRIENDS OF THE NORTH MIAMI BEACH LIBRARY, INC.



Principal Place of Business

Mailing Address

1801 NORTHEAST 164 STREET
NORTH MIAMI BEACH FL 33162

1801 NORTHEAST 164 STREET
NORTH MIAMI BEACH FL 33162-4016

3. Date Incorporated or Qualified
06/12/1986

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0121449

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 Fees

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

ANDERSON, RUTH
18360 NE 20 COURT
NORTH MIAMI BEACH FL 33179

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 D
NAME ROTH, RUTH
STREET ADDRESS 16850 S GLADES DR., #3J
CITY-ST-ZIP NORTH MIAMI BCH FL

DELETE

TITLE TD
NAME BERGER, HILDE
STREET ADDRESS 16850 SO GLADES DR
CITY-ST-ZIP NORTH MIAMI BCH FL

DELETE

TITLE VD
NAME DOHM, ATHENIA
STREET ADDRESS 1450 NE 149TH ST.
CITY-ST-ZIP NORTH MIAMI BCH FL

DELETE

TITLE D
NAME KAUFMAN, GLORIA
STREET ADDRESS 3660 NE 166 ST., #205
CITY-ST-ZIP N. MIAMI BCH. FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11 TITLE PRESIDENT D
12 NAME DR. THOMAS K. PINDER
13 STREET ADDRESS 1901D NE 10 AVE
14 CITY-ST-ZIP NORTH MIAMI BCH, FL 33162

21 TITLE VICE PRESIDENT VD
22 NAME DAVID STORKE
23 STREET ADDRESS 1980 NE 187 DR.
24 CITY-ST-ZIP NORTH MIAMI BCH, FL, 33179

31 TITLE TREASURER TD
32 NAME HILDE BERGER
33 STREET ADDRESS 16850 SO. Glades DR, APT
34 CITY-ST-ZIP NORTH MIAMI BCH, FL 33162

41 TITLE SECRETARY D
42 NAME IOLA W. CRAWFORD
43 STREET ADDRESS 1523 N.E. 152 ST
44 CITY-ST-ZIP NORTH MIAMI BCH, FL 33162

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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, authorized 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 the attachment with an address.

SIGNATURE *[Signature]* 5/27/97

CR2E037 (9/96)