


FILE NOW: FILING FEE IS \$61.25

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Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15338** (9)
Corporation Name
FRIENDS OF THE NORTH MIAMI BEACH LIBRARY, INC.



Principal Place of Business 1601 NORTHEAST 164 STREET NORTH MIAMI BEACH FL 33162	Mailing Address 1601 NORTHEAST 164 STREET NORTH MIAMI BEACH FL 33162
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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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3. Date Incorporated or Qualified 06/12/1986
4. FEI Number 65-0121449
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent ANDERSON, RUTH 18360 NE 20 COURT NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent 81 Name FLORENCE BROWN, DIRECTOR 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH LIBRARY 83 1601 NE. 164 ST. 84 City NORTH MIAMI Bch. FL 85 Zip Code 33162
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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 *For Florence Brown / c/o Sandra Northam* DATE *7/8/98*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, RUTH 16850 S GLADES DR., #3J NORTH MIAMI BCH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINDER, THOMAS K DR 18010 NE 10 AVE NORTH MIAMI BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STARKE, DAVID 1980 NE 187 DR NORTH MIAMI BCH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGER, HILDE 16850 SO GLADES DR, APT N. MIAMI BCH. FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRAWFORD, IOLA W 1523 NE 152 ST NORTH MIAMI BCH FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SAMUAL ABRAMAMS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16450 MIAMI DR. APT #503 NORTH MIAMI Bch 33162
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D. DR. THOMAS K. PINDER 18010 NE 10 AVE NORTH MIAMI BEACH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P.D. RUTH ANDERSON 18360 NE 20 CT. NORTH MIAMI Bch, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: *Thomas K. Pinder* *5/5/98* *(305) 651-6557*

CR2E037 (10/97)