


FILE NOW: FILING FEE IS \$61.25

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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90034 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N15338					
1. 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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/12/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0121449	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, FLORENCE NORTH MIAMI BEACH LIBRARY 1601 NE 164TH STREET NORTH MIAMI BEACH FL 33162				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 <input type="checkbox"/> DELETE NAME ABRAHAMS, SAMUAL STREET ADDRESS 16450 MIAMI DR, APT 503 CITY-ST-ZIP NORTH MIAMI BCH FL 33162				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE NAME PINDER, THOMAS K DR STREET ADDRESS 18010 NE 10TH AVE CITY-ST-ZIP NORTH MIAMI BEACH FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE VD <input checked="" type="checkbox"/> DELETE NAME STARKE, DAVID STREET ADDRESS 1980 NE 187 DR CITY-ST-ZIP NORTH MIAMI BCH FL				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE TD <input type="checkbox"/> DELETE NAME BERGER, HILDE STREET ADDRESS 16850 SO GLADES DR, APT CITY-ST-ZIP N. MIAMI BCH. FL				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE SD <input type="checkbox"/> DELETE NAME CRAWFORD, IOLA W STREET ADDRESS 1523 NE 152 ST CITY-ST-ZIP NORTH MIAMI BCH FL				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE PD <input type="checkbox"/> DELETE NAME ANDERSON, RUTH STREET ADDRESS 18360 NE 20TH CT CITY-ST-ZIP NORTH MIAMI BEACH FL 33179				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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, with all other like empowered.

SIGNATURE:

Ruth Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/23/99 DAYTIME PHONE: 305-932-6398

CR2E037 (11/98)