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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N17408

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FRIENDS OF THE ST. THOMAS UNIVERSITY LIBRARY INC					
Principal Place o	of Business	Mailing Address		(intititat dat statt sent statt general	region moment direct direct moment direct direct twee
C/O MARGARET ELLISTON 16400 NW 32 AVENUE MIAMI FL 33054		C/O MARGARET ELLISTON 16400 NW 32 AVENUE MIAMI FL 33054		Date Incorporated or Qualified	3a. Date of Last Report
				10/20/1986	05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
st. Th	omas University	26 16400 N. W	. 32 Ave.	65-0007697	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
see a	bove.	City & State	. <u> </u>	6. Election Campaign Financing	\$5.00 May Be
City & State		28 Miami, FL	33054	Trust Fund Contribution	Added to Fees
Zip	Country	Zio Zio	Gountry	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	⊢ , .	29	30	Florida Statutes] Yes 🔯 No
	2Dade , USA 9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Ro	egistered Agent
			81 Name		
	n, margaret W 32 avenue L 33054		82 Street Add 83	liess (P.O. Box Number is Not Acceptabl	e)
,			B4 City		85 Zip Code
•				oration submits this statement for the pur	FL the second office
11. Pursuanti					Sin in Front as registered agents room
or registere familiar with SIGNATURE	the provisions of Sections 617.0502 ad agent, or both, in the State of Flori- h, and accept the obligations of, Sect	tion 617.0503, Florida Statutes	S. OTE: Registered Agent signature requir	ed waan eenstalwaji	DATE
or registere familiar with SIGNATURE	ad agent, or both, in the state of Floring, and accept the obligations of, Sect Signature, types or printed name of registered agent	tion 617.0503, Florida Statutes t and alle if application (NO DD DIRECTORS	S. OTE: Registered Agont signature requir 13.	red wen renstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
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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.

Margaret Elliston

GNATURE:

4/26/96 (305) 628-6667

Daylone Phone if Phone in Plant Phone Plant Phone

SIGNATURE: Oxa Crat

4/26/96 (305) 628-6667