

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17408 (8)

1. Corporation Name

FRIENDS OF THE ST. THOMAS UNIVERSITY LIBRARY INC



Principal Place of Business

Mailing Address

C/O MARGARET ELLISTON
16400 NW 32 AVENUE
MIAMI FL 33054

C/O MARGARET ELLISTON
16400 NW 32 AVENUE
MIAMI FL 33054

3. Date Incorporated or Qualified
10/20/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 St. Thomas University

26 16400 N. W. 32 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 see above.

27 City & State

City & State

28 Miami, FL 33054

23 Zip

Country

29 Zip

Country

24 33054, USA

30

4. FEI Number

65-0007697

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

ELLISTON, MARGARET
16400 NW 32 AVENUE
MIAMI FL 33054

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 officer if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME KLEIN, S. C.
STREET ADDRESS 16400 N.W. 32ND AVENUE
CITY-ST-ZIP MIAMI FL 33054

1.1 TITLE

Home Addresses

☐ Change

☐ Addition

TITLE T ☐ DELETE

NAME ELLISTON, MARGARET
STREET ADDRESS 16400 NW 32 AVENUE
CITY-ST-ZIP MIAMI FL 33054

2.1 TITLE

T
Klein, S. C.
579 N. E. 199th Terr.
North Miami Beach, FL 33179

☐ Change

☐ Addition

TITLE SD ☐ DELETE

NAME TABOR, SARAH
STREET ADDRESS 16400 NW 32ND AVE
CITY-ST-ZIP MIAMI FL 33054

3.1 TITLE

S
Tabor, Sarah
8633 Bridle Path Ct.
Davie, FL 33328

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

100001864011
-06/17/96--01050--035
***\$61.25

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

Margaret Elliston

SIGNATURE: Margaret Elliston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305) 628-6667
Date Daytime Phone #

CR2E037 (12/95)