


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18474					
1. Corporation Name FRIENDS OF THE JENSEN BEACH LIBRARY, INC.					
Principal Place of Business 1900 N.E. RICOU TERRACE JENSEN BEACH FL 34957 US			Mailing Address 1900 N.E. RICOU TERRACE P.O. BOX 427 JENSEN BEACH FL 34958 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/29/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2822030	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TEAL, CATHIE H. 2036 N.E. RIVER COURT JENSEN BEACH FL 33457				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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAL, CATHIE H.	1.2 NAME	P
STREET ADDRESS	2036 N.E. RIVER COURT	1.3 STREET ADDRESS	1235 NE OCEAN VIEW CIR.
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, MARGARET	2.2 NAME	
STREET ADDRESS	1975 NW FORD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER, VIRGINA	3.2 NAME	
STREET ADDRESS	3055 NE LOQUAT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWHAM, LILLIAN	4.2 NAME	
STREET ADDRESS	75 S WARNER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, NANCY	5.2 NAME	
STREET ADDRESS	149 NE SHARYON LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZ, DONALD	6.2 NAME	
STREET ADDRESS	412 N.E. JADE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	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:

Donal Weitz **REQUIRED** TRES

FEB 18, 1999

561-334-0657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)