FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:22

DOCUMENT # N21795 (2)

1. Corporation Name

FLORIDA PUBLIC LIBRARY ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
C/O ILENE ZALESKI 635 NE 132ND ST N. MIAMI FL 33161 US	C/O ILENE ZALESKI 635 NE 132ND ST. N. MIAMI FL 33161 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1987
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0015516 — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

BENETZ, STEVEN E
120 N CENTER STREET
EUSTIS FL 32726

10. Name and Address of New Registered Agent

31 Name: Daniels, Peter
32 Street Address (P.O. Box Number is Not Acceptable): 29 S.E. 4th Avenue
33: Delray Beach, FL 33484
34 City: FL — 35 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Peter Daniels
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	PD	11 TITLE	Vice-President	☐ Change XX Addition
NAME	BENETZ, E. S	12 NAME	Tickner, Dooney	
STREET ADDRESS	120 N. CENTER ST.	13 STREET ADDRESS	P.O. Box 473 PA	
CITY-ST-ZIP	EUSTIS FL	14 CITY-ST-ZIP	Destin, FL 32540	
TITLE	VD	21 TITLE	Secretary	☐ Change XX Addition
NAME	DANIELS, PETER	22 NAME	Gerry, Emily	
STREET ADDRESS	29 SE 4TH AVE.	23 STREET ADDRESS	120 North Center Street	
CITY-ST-ZIP	DELRAY BCH. FL	24 CITY-ST-ZIP	Eustis, FL 32726	
TITLE	SD	31 TITLE	Director	☐ Change XX Addition
NAME	RHODES, DEBRA S	32 NAME	Zaleski, Ilene	
STREET ADDRESS	2330 NEBRASKA AVE.	33 STREET ADDRESS	835 NE 132nd Street	
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	N. Miami, FL 33161	
TITLE	TD	41 TITLE	Director	XX Change ☐ Addition
NAME	ANDREWS, DR. JANET C	42 NAME	Rhodes, Debra S.	
STREET ADDRESS	460 E NEW ENGLAND AVE.	43 STREET ADDRESS	2330 Nebraska Avenue	
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP	Palm Harbor, FL	
TITLE	D	51 TITLE	President D	XX Change ☐ Addition
NAME	GAUTHIER, DOREEN	52 NAME	Daniels, Peter	
STREET ADDRESS	2200 NE 38TH ST.	53 STREET ADDRESS	29 S.E. 4th Avenue	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	54 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	D	61 TITLE	Past-President	XX Change ☐ Addition
NAME	CARPENTER, ANGELICA	62 NAME	Benetz, Steven E.	
STREET ADDRESS	217 CYPRESS LANE	63 STREET ADDRESS	120 N. Center Street	
CITY-ST-ZIP	PALM SPRINGS FL	64 CITY-ST-ZIP	Eustis, FL 32726	

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)(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: Peter Daniels Peter Daniels 1/24/95 407-276-6462
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0043850