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Feb 17 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N21795 (2)
1. Corporation Name
FLORIDA PUBLIC LIBRARY ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address
C/O MARCIA ELLINGTON
500 N.E. 26 STREET
WILTON MANORS FL 33305
US

3. Date Incorporated or Qualified
07/30/1987
4. FEI Number
65-0015516
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 c/o Doreen A. Gauthier 26 c/o Doreen A. Gauthier
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 2200 NE 38 Street 27 2200 NE 38 Street
City & State City & State
23 Lighthouse Point, FL 28 Lighthouse Point, FL
Zip Country Zip Country
24 33064 25 Broward 29 33064 30 Broward

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MELANSON, ROBERT G.
480 E. NEW ENGLAND AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name
Doreen A. Gauthier
82 Street Address (P.O. Box Number is Not Acceptable)
2200 NE 38 Street
83 Lighthouse Point, FL 33064
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 *Doreen A. Gauthier* 1/23/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P ☐ DELETE
NAME TICKNER, DOONEY
STREET ADDRESS 8 STAHLMAN AVE.
CITY-ST-ZIP DESTIN FL 32541
TITLE S ☐ DELETE
NAME FISCHER, JOANNE
STREET ADDRESS 1928 NE 37TH STREET
CITY-ST-ZIP OAKLAND PARK FL 33334
TITLE D ☒ DELETE
NAME ZALESKI, ILENE
STREET ADDRESS 835 NE 132ND STREET
CITY-ST-ZIP N MIAMI FL
TITLE D ☒ DELETE
NAME RHODES, DEBRA S
STREET ADDRESS 2330 NEBRASKA AVENUE
CITY-ST-ZIP PALM HARBOR FL
TITLE T ☐ DELETE
NAME GAUTHIER, DOREEN
STREET ADDRESS 29 S E 4TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL
TITLE D ☐ DELETE
NAME BROADHEAD, LISA
STREET ADDRESS 100 LAKE MORTON DRIVE
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Joslin, Vicki
1.3 STREET ADDRESS 303 Anchorage Drive
1.4 CITY-ST-ZIP North Palm Beach, FL 33408
2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Melanson, Robert G.
2.3 STREET ADDRESS 480 E. New England Avenue
2.4 CITY-ST-ZIP Winter Park, FL 32789
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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.

CR2E037 (1097)