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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

FRIEN	DS OF BELLEVIEW LIBRAR	Y, INC.				
rincipal Place	e of Business	Mailing Address			DA PERI BIGIF DADIT DAGIT D	
6007 S.E. EARP ROAD PO BOX 310 BELLEVIEW FL 34421		6007 S.E. EARP ROAD PO BOX 310 BELLEVIEW FL 34421	)			
				3. Date incorporated or Qualified 06/02/1988	3a. Date of La 05/18	
. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2933383		Applied For Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	75 Additional e Required
City & State	е	City & State		6 Election Campaign Financing	□ <b>\$</b> 5.	00 May Be
Zip	Country 25	Zıp	Country	Trust Fund Contribution  8. This corporation has liability for	intangible tax under	s. 199.032,
	9. Name and Address of Currer	29 29 Agent	30	Florida Statutes  10. Name and Address of New R	Yes No	
			81 Name	TO. Name and Address of New H	legistered Agent	
REEVES, BETTY S.E. 10TH STREET BELLEVIEW FL 34420			82 Street A	ddress (P.O. Box Number is Not Acceptab	ole)	
			83	`		
			<b>84</b> City		·-····································	
			-			Zip Code
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori	end 617.1508, Florida Statut da. Such change was authoriz	tes, the above named corporation's b	poration submits this statement for the pur	rpose of changing its	registered off
familiar wi	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect	? and 617.1508, Florida Statut da. Such change was authoriz ion 617.0503, Florida Statutes	es, the above named corporation's b s.	poration submits this statement for the pur loard of directors. I hereby accept the appo	rpose of changing its ointment as registere	s registered off ed agent. I am
familiar wi	to the provisions of Sections 617,0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect Signature, typed or printed name of registered agent	ion 617.0503, Florida Statutes	s.	oard of directors. I hereby accept the appo	ointment as registere	s registered off ed agent. I am
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SIGNATURE: HELEN KIMBERL

HELEN KIMBERL July Kimberl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REB: 22, 1996