

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 # N26748 (6)

1. Corporation Name

FRIENDS OF BELLEVIEW LIBRARY, INC.



Principal Place of Business

**6007 S.E. EARP ROAD
PO BOX 310
BELLEVIEW FL 34421**

Mailing Address

**6007 S.E. EARP ROAD
PO BOX 310
BELLEVIEW FL 34421**

3. Date Incorporated or Qualified
06/02/1988

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2933383

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

**REEVES, BETTY
S.E. 10TH STREET
BELLEVIEW FL 34420**

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 title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE

NAME **JORDAN, RUTH**
STREET ADDRESS **13177 SE 47TH COURT**
CITY-ST-ZIP **BELLEVIEW FL**

TITLE **VP** ☐ DELETE

NAME **LINNEMAN, DONALD**
STREET ADDRESS **25 BAHIA CIRCLE LOOP**
CITY-ST-ZIP **OCALA FL**

TITLE **CS** ☐ DELETE

NAME **MARTIN, GERALDINE**
STREET ADDRESS **14 OCALE WAY, TIMOCAIN ISLAND, S.E.**
CITY-ST-ZIP **SUMMERFIELD FL**

TITLE **T** ☐ DELETE

NAME **ROSIN, EVELYN**
STREET ADDRESS **13024 SE 47TH CT.**
CITY-ST-ZIP **BELLEVIEW FL**

TITLE **D** ☐ DELETE

NAME **HALL, GERRI**
STREET ADDRESS **12201 S.E. 61ST COURT**
CITY-ST-ZIP **BELLEVIEW FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**CS
HELEN KIMBERL
12185 S.E. 61 CT.
BELLEVIEW, FL. 34420**

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.

SIGNATURE: HELEN KIMBERL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REB: 22, 1996

Date: Daytime Phone #

CR2E037 (12/95)