

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90064 035 ****61.25

0089529

DOCUMENT # N26748

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/02/1988

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **FIELDS, WILMA**
STREET ADDRESS **6050 SE 122ND PLACE**
CITY-ST-ZIP **BELLEVIEW FL**

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

TITLE **PD** ☐ DELETE
NAME **KIMBERL, HELEN**
STREET ADDRESS **12185 SE 61 COURT**
CITY-ST-ZIP **BELLEVIEW 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 **D** ☐ DELETE
NAME **STOKLAS, BLANCHE**
STREET ADDRESS **12371 SE 60TH TERR**
CITY-ST-ZIP **BELLEVIEW FL 34420**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Michael P. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 352/
245-0438
Date Daytime Phone #

CR2E037 (1/98)