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

APPROVED AND FILED
95 MAY -1 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27241** **(1)**

1. Corporation Name

FRIENDS OF COLLEGE HILL LIBRARY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 75543 TAMPA FL 33675	P.O. BOX 75543 TAMPA FL 33675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2907387 — Applied For / Not Applicable

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 / Country 25	Zip 29 / Country 30

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 ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, GEORGE A.
306 E JACKSON ST
7TH FLOOR
TAMPA FL 33602

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 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 ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	LIVINGSTON, GUSSIE LOUISE	1.2 NAME	Livingston, Gussie Louise
STREET ADDRESS	~~2205 E 32ND AVE, #300~~ Address change	1.3 STREET ADDRESS	3705 - 25th ST. # 500
CITY ST ZIP	TAMPA FL 33610	1.4 CITY ST ZIP	Tampa, FL 33610
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, SYBIL K	2.2 NAME	
STREET ADDRESS	2207 E 21ST AVE	2.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, RUTH	3.2 NAME	
STREET ADDRESS	2516-E 19TH AVE.	3.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33605	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FRYER, ARTIE J	4.2 NAME	
STREET ADDRESS	14507 HIGHLAND HILLS PLACE	4.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, FREDDIE	5.2 NAME	
STREET ADDRESS	4010-W SPRUCE	5.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33607	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, CURTIS W	6.2 NAME	
STREET ADDRESS	3117-E 18TH AVE.	6.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33605	6.4 CITY ST ZIP	

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: Gussie Louise Livingston — 4-28-95 — 813-2186993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065032