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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:42

DOCUMENT # N28883 (9)

1. Corporation Name

FRIENDS OF BEVERLY HILLS PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
BEVERLY HILLS PUBLIC LIBRARY 1 CIVIC CIRCLE BEVERLY HILLS FL 34465 US	P. O. BOX 158 BEVERLY HILLS FL 34465 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1988
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2867230 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 640158
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BEVERLY HILLS, FL
Zip 24 / Country 25	Zip 29 34464-0158 / Country 30 US

9. Name and Address of Current Registered Agent

BIRCHARD, LILLIAN C
1 CIVIC CIRCLE
BEVERLY HILLS FL 34465

10. Name and Address of New Registered Agent

01 Name: WOLFGANG N. WEBER
02 Street Address (P.O. Box Number is Not Acceptable): 906 W. COLBERT CT.
03
04 City: BEVERLY HILLS FL 05 Zip Code: 34465

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: Wolfgang Weber WOLFGANG WEBER PRES 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BIRCHARD, LILLIAM	12 NAME	WEBER, WOLFGANG	
STREET ADDRESS	951 W. STAR JASMINE PLACE	13 STREET ADDRESS	906 W. COLBERT CT.	
CITY-ST-ZIP	BEVERLY HILLS FL	14 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	BURCH	22 NAME	KIKUCHI, LUCY	
STREET ADDRESS	P. O. BOX 1095 N/A	23 STREET ADDRESS	75 S. LINCOLN AVE	
CITY-ST-ZIP	HOMOSASSA SPGS. FL	24 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	HOCHBERG, DEBBIE	32 NAME	BLEITZHOFER, PEGGY	
STREET ADDRESS	82 JEFFERY ST.	33 STREET ADDRESS	874 W. COLBERT CT.	
CITY-ST-ZIP	BEVERLY HILLS FL	34 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	KIKCHI, LUCY	42 NAME	PETERSON, PATRICIA	
STREET ADDRESS	75 S. LINCOLN AVE.	43 STREET ADDRESS	882 W. COLBERT CT.	
CITY-ST-ZIP	BEVERLY HILLS FL	44 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	D	51 TITLE	T	☐ Change ☒ Addition
NAME	UFFORD, BARGARA	52 NAME	WEBER, ANNEMARIE	
STREET ADDRESS	51 S. JEFFERY ST.	53 STREET ADDRESS	906 W. COLBERT CT.	
CITY-ST-ZIP	BEVERLY HILLS FL	54 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	BLEITZHOFER, JOHN	62 NAME	BROWN, BURTON	
STREET ADDRESS	874 W. COLBERT CT.	63 STREET ADDRESS	4698 N. JADEMOOR DR.	
CITY-ST-ZIP	BEVERLY HILLS FL	64 CITY-ST-ZIP	BEVERLY HILLS, FL 34465	

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)(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.

SIGNATURE: Wolfgang Weber WOLFGANG WEBER, PD 2/6/95 (904) 746-3788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004024