


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N28883** (9)

1. Corporation Name
FRIENDS OF CENTRAL RIDGE LIBRARY, INC.



Principal Place of Business CENTRAL RIDGE LIBRARY 425 W ROOSEVELT BLVD BEVERLY HILLS FL 34465 US	Mailing Address PO BOX 640158 BEVERLY HILLS FL 34464-0158 US
--	--

3. Date Incorporated or Qualified 10/17/1988	3a. Date of Last Report 02/26/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2867230	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

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

**WEBER, WOLFGANG W.
906 W. COLBERT CT.
BEVERLY HILLS FL 34465**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, WOLFGANG	1.2 NAME	
STREET ADDRESS	906 W. COLBERT CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIKUCHI, LUCY	2.2 NAME	
STREET ADDRESS	75 S. LINCOLN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, JACKIE	3.2 NAME	
STREET ADDRESS	3572 N WOODGATE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, PATRICIA	4.2 NAME	
STREET ADDRESS	882 W. COLBERT CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, ANNE MARIE	5.2 NAME	T
STREET ADDRESS	906 W. COLBERT CT.	5.3 STREET ADDRESS	Glade, Dolores T.
CITY-ST-ZIP	BEVERLY HILLS FL	5.4 CITY-ST-ZIP	526 W. Jadebrook Ln. Beverly Hills, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BURTON	6.2 NAME	
STREET ADDRESS	4698 N. JADEMOOR DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Wolfgang Weber **WOLFGANG WEBER** 2/16/97 (312) 746-3788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088461

CR2E037 (9/96)