SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT FLORIDA DEPARTMENT OF STATE Jul 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # N28883 (9) FRIENDS OF CENTRAL RIDGE LIBRARY, INC. Mailing Address Principal Place of Business PO BOX 640158 3. Date incorporated or Qualified CENTRAL RIDGE LIBRARY BEVERLY HILLS FL 34464 425 W ROOSEVELT BLVD 10/17/1988 BEVERLY HILLS FL 34465 4. FEI Number Applied For 59-2867230 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Zip Country 8. This corporation owes or has paid the current year intangible Zip Country Yes 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JACQUELINE WEBER, WOLFGANG W. Street Address (P.O. Box Number is Not Acceptable) 3572 N. WOODGATE DR. 82 906 W. COLBERT CT. 83 BEVERLY HILLS FL 34465 BEVIEWLY HILLS 84 Zip Code 34465 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

JACOUELINE DEAN

Signature, typed or printed name of registered agent applicable. (NOTE: Registered Agent algorithm reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME WEBER, WOLFGANG 1.2 NAME DEAN, JACQUELINE STREET ADDRESS 906 W. COLBERT CT. 1.3 STREET ADDRESS 3572 N.WOODGATE DR. **BEVERLY HILLS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP BEVERLY HILLS, FL. DELETE TITLE 2.1 TITLE Change Addition **VP** NAME KIKUCHI, LUCY 2.2 NAME JOINER, COLON STREET ADDRESS 75 S. LINCOLN AVE. 2.3 STREET ADDRESS 283 W. REXFORD DR. **BEVERLY HILLS FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS, FL TITLE DELETE 3.1 TITLE Change Addition DEAN, JACKIE NAME 3.2 NAME WINES, LUCY ANN STREET ADDRESS 8572 N WOODGATE DR 3.3 STREET ADDRESS 6161 N. MISTY OAK TER. **BEVERLY HILLS FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP BEVERLY HILLS, FL. 4.1 TITLE TITLE DELETE Change Addition PETERSON, PATRICIA NAME 4.2 NAME EAGLESON, MARY 882 W. COLBERT CT. STREET ADDRES 4.3 STREET ADDRESS 4607 N. CRESTLINE DR. **BEVERLY HILLS FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP BEVERLY HILLS, FL. 5.1 TITLE

ETYST-ZIP BEVERLY HILLS FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(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 certify that I am an officer or director of the corporation or the receiver or trustee ampowered 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.

5.2 NAME

8.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

V DELETE

DELETE

GLADE, DOLORES T.

526 W. JADEWOOD L

4698 N. JADEMOOR DR.

BEVERLY HILLS FL

BROWN, BURTON

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: JACQUELINE DEAN

BIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

7-15-1998

WEBER, ANNUARIE

906 W. COLRERT CT.

PEVERLY HILLS, Fr.

5518 N.FLKCAM RLVD.

DAVIS, HELEN

352-527-8405

Daytime Phone #

(V) Change

Addition

Addition