

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N28883

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
US

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 004 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/17/1988

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

9. Name and Address of Current Registered Agent

DEAN, JACQUELINE
3572 N WOODGATE DR
BEVERLY HILLS FL 34465

10. Name and Address of New Registered Agent

81 Name
RAE JEAN ENGLISH
82 Street Address (P.O. Box Number is Not Acceptable)
221 S. DAVIS ST
83 BEVERLY HILLS
84 City

FL 85 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 *Rae Jean English*

RAE JEAN ENGLISH, TREASURER

7/19/99

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 VP
NAME JOINER, COLON
STREET ADDRESS 283 W REXFORD DR
CITY-ST-ZIP BEVERLY HILLS FL

TITLE S
NAME WINES, LUCY ANN
STREET ADDRESS 6161 N MISTY OAK TERRACE
CITY-ST-ZIP BEVERLY HILLS FL

TITLE PD
NAME DEAN, JACQUELINE
STREET ADDRESS 3572 N WOODGATE DR
CITY-ST-ZIP BEVERLY HILLS FL

TITLE S
NAME EAGLESON, MARY
STREET ADDRESS 4607 N CRESTLINE DR
CITY-ST-ZIP BEVERLY HILLS FL

TITLE T
NAME WEBER, ANNEMARIE
STREET ADDRESS 906 W COLBERT COURT
CITY-ST-ZIP BEVERLY HILLS FL

TITLE D
NAME DAVIS, HELEN
STREET ADDRESS 5518 N ELKCAM BLVD
CITY-ST-ZIP BEVERLY HILLS FL

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 S
2.2 NAME TONI MARTINAZZI
2.3 STREET ADDRESS 234 W. REXFORD DR
2.4 CITY-ST-ZIP BEVERLY HILLS FL 33465 34465

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

4.1 TITLE S
4.2 NAME ROSEANN ROMANS
4.3 STREET ADDRESS 3600 N. LONGPINE PT.
4.4 CITY-ST-ZIP BEVERLY HILLS FL 33465 34465

5.1 TITLE T
5.2 NAME RAE JEAN ENGLISH
5.3 STREET ADDRESS 221 S. DAVIS ST
5.4 CITY-ST-ZIP BEVERLY HILLS FL 33465 34465

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

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: *Rae Jean English* SIGNATURE REQUIRED RAE JEAN ENGLISH 7/19/99 352-527-8864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)