

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 1:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N29845 (7)
1. Corporation Name
**FRIENDS OF THE LIBRARY OF INDIANTOWN, FLORIDA, I
NC.**

Principal Place of Business Mailing Address
**15858 S.W. WARFIELD BOULEVARD
PO BOX 244
INDIANTOWN FL 34956**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/21/1988** 3a. Date of Last Report **03/08/1994**
4. FEI Number **65-0089459** Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIES, ALEPH H.
15700 S.W. FAMEL BLVD.
INDIANTOWN FL 34956**

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

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 NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIES, ALEPH H 15700 SW FAMEL BLVD. INDIANTOWN FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Delores Summers 14751 SW American St Indiantown, FL 34956	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD YORKE, PAUL 7501 SPRING HAVEN DR INDIANTOWN FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLER, SUE C 15500 DE PALOMINO RD INDIANTOWN FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	T/O 15500 SW Palomino Rd	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue C. Miller
Sue C. Miller

Date

4-20-95

405-597-2117
Daytime Phone