

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90040 018 ****61.75

DOCUMENT # N29845

1. Corporation Name

**FRIENDS OF THE LIBRARY OF INDIANTOWN, FLORIDA, I
NC.**

Principal Place of Business

15200 SW ADAMS AVE
PO BOX 244
INDIANTOWN FL 34956
US

Mailing Address

15858 S.W. WARFIELD BOULEVARD
PO BOX 244
INDIANTOWN FL 34956



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/21/1988

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0089459

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

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 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

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
NAME DAVIES, ALEPH H
STREET ADDRESS 15700 SW FAMEL BLVD
CITY-ST-ZIP INDIANTOWN FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
MATSON, J. Arthur
16142 SW Five Wood Way
INDIANTOWN, FL 34956

☒ Change ☐ Addition

TITLE VD
NAME MATSON, J A
STREET ADDRESS 16142 SW FIVE WOOD WAY
CITY-ST-ZIP INDIANTOWN FL 34856

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD
IRELAND, MARIANNE
14252 SW CANAL RD.
INDIANTOWN, FL 34956

☒ Change ☐ Addition

TITLE TD
NAME MILLER, SUE C
STREET ADDRESS 15500 SW PALOMINO RD.
CITY-ST-ZIP INDIANTOWN FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD
NAME BLAKE, S
STREET ADDRESS 16200 SW PALOMINO RD
CITY-ST-ZIP INDIANTOWN FL 34956

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-99 561-597-2117

CR2E037 (11/98)