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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 FEB 14 PM 2:25

DOCUMENT # N37306 (0)

1. Corporation Name

FRIENDS OF THE PONTE VEDRA-PALM VALLEY PUBLIC LIBRARY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PONTE VEDRA BEACH LIBRARY
101 LIBRARY BLVD.
PONTE VEDRA BEACH FL 32082
US

C/O JANE CONLEY
P.O. BOX 744
PONTE VEDRA BEACH FL 32084
US

3. Date Incorporated or Qualified 03/22/1990	3a. Date of Last Report 02/14/1994
4. FEI Number 59-2998576	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
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	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTLETT & MILLER
615 HIGHWAY A1A
SUITE 101
PONTE VEDRA BEACH FL 32082

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
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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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CONLEY, JANE 10069 SAWGRASS DRIVE E. PONTE VEDRA BCH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VD Tatham, Sharon 1224 Sawgrass Island Ponte Vedra Beach FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCDONALD, NANCY 34 TIFTON WAY NORTH PONTE VEDRA BEACH 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	TD FONTHAM, RENNIE 142 BERMUDA COURT PONTE VEDRA BCH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRAWFORD, PEGGY 539 LAKE DRIVE PONTE VEDRA BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CONNOLLY, JUNE 9790 DEER RUN DR. PONTE VEDRA BCH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	VD Nelson, Neva 1075 Ponte Vedra Blvd Ponte Vedra Beach FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORGAN, JOHN S. 9737 PRESTON TRAIL WEST PONTE VEDRA BCH FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D ☒ Change ☐ Addition

14. I do hereby certify that the information supplied is true and correct and does not qualify for the exemption stated in Section 190.02(b)(4), Florida Statutes. I further certify that this information indicated on this and on all other reports is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 192, Florida Statutes; and that my name appears in Block 12 or Block 13 if added, or on an officer or director or addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/9/95

904-285-2570