

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # N37306 (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

C/O SHARRON TATHAM—  
P.O. BOX 744  
PONTE VEDRA BEACH FL 32004  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1990		3a. Date of Last Report 02/14/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2998576		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATHAM, SHARRON	1.2 NAME	
STREET ADDRESS	1224 SALT CREEK ISLAND	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, NANCY	2.2 NAME	
STREET ADDRESS	34 TIFTON WAY NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTHAM, RENNIE	3.2 NAME	
STREET ADDRESS	142 BERMUDA COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, PEGGY	4.2 NAME	
STREET ADDRESS	539 LAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, NEVA	5.2 NAME	
STREET ADDRESS	1075 PONTE VEDRA BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, JOHN S.	6.2 NAME	
STREET ADDRESS	9737 PRESTON TRAIL WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	6.4 CITY-ST-ZIP	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENNIE C. FONTHAM  
142 BERMUDA CT.  
PONTE VEDRA BCH, FL 32082

1/15/96

Date

904 265 2570

Daytime Phone

CR2E037 (12/95)