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Mar 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

~~LESTER McDEVITT~~
P.O. BOX 744
PONTE VEDRA BEACH FL 32084-0744
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/22/1990

3a. Date of Last Report

01/24/1996

4. FEI Number

59-2998576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

81 Name
Catharine Partlett & HECKLER
82 Street Address (P.O. Box Number is Not Acceptable)
50 Highway A1A
83 Suite 103
84 City
Ponte Vedra Beach FL 85 Zip Code
32082

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 17.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TATHAM, SHARRON
STREET ADDRESS 1224 SALT CREEK ISLAND
CITY-ST-ZIP PONTE VEDRA BCH FL ☐ DELETE

TITLE SD
NAME MCDONALD, NANCY
STREET ADDRESS 34 TIFTON WAY NORTH
CITY-ST-ZIP PONTE VEDRA BEACH FL ☒ DELETE

TITLE ID
NAME FONTHAM, RENNIE
STREET ADDRESS 142 BERMUDA COURT
CITY-ST-ZIP PONTE VEDRA BCH FL ☐ DELETE

TITLE D
NAME CRAWFORD, PEGGY
STREET ADDRESS 539 LAKE DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ DELETE

TITLE VD
NAME NELSON, NEVA
STREET ADDRESS 1075 PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BCH FL ☐ DELETE

TITLE VD
NAME McDEVITT, LESTER
STREET ADDRESS 209 SETTLERS ROW
CITY-ST-ZIP PONTE VEDRA BEACH FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/97 904/285-2570

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