FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE,

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N37306

FRIENDS OF THE LIBRARY-PONTE VEDRA BEACH, INC.

Principal Place of Business	
101 LIBRARY BLVD PONTE VEDRA BEACH FL 32082 US	2

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address P.O. BOX 744 PONTE VEDRA BEACH FL 32004

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90075 002 ****61.25

1 9 4 2 1 5 * 194215 - 90075 - 2

3. Date incorporated or Qualifed

03/22/1990

59-2998576

4. FEI Number



City & State	е	City & State			5. Certifcate of	Status Desired		\$0.15 A	
23		28			- Continuous of			Fee Re	equired
Zip	Country	Zip	Country			ıpaign Financing			May Be
24	25	29 30	<u> </u>		Trust Fund C			Added to Fees	
	9. Name and Address of Current	Registered Agent		_	10. Name and A	ddress of New R	legistered /	lgent	
			81	Name					-
Crabtree, Bartlett & Heekin				Street /	Address (P.O. Box Num	per is Not Accepta	ble)		
50 HIGHWAY A1A									
SUITE 103 PONTE VEDRA BEACH FL 32082			83						
			84	City	85 Zip Code				
	· · · · · · · · · · · · · · · · · · ·		1	'			<u> </u>		
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	'Elorida, Such change was auth	iorized by	the coroo	corporation submits this pration's board of director	statement for the rs. I hereby accep	purpose of o t the appoir	changing its itment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	oistered Ager	nt signature re	equired when reinstating)		DATE		
12.	OFFICERS AND		13.			HANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	D	☐ D€LETE	1.1 TITLE					Change	☐ Addition
NAME	TATHAM, SHARRON		1.2 NAME	1					
STREET ADDRESS	1224 SALT CREEK ISLAND		1.3 STREE	T ADDRESS		٠			
CITY-ST-ZIP	PONTE VEDRA BCH FL		1.4 CITY-S	T-ZIP					
TITLE	S	☐ DELETE	2.1 TITLE	-	PD			Change	Addition
NAME	BORNS, SARAH		2.2 NAME		- -				
STREET ADDRESS	1185 SALT MARSH CIRCLE		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY-8	ST-ZIP					
TITLE	TD	☐ DELETE	3.1 TITLE					☐ Change	Addition
NAME	FONTHAM, RENNIE		3.2 NAME						
STREET ADDRESS	142 BERMUDA COURT		3.3 STREE	TADDRESS					
CITY-ST-ZIP	PONTE VEDRA BCH FL		3.4. CITY-5	ST-ZIP					
TITLE	PD	₩ DELETE	4.1 TITLE		VD			☐ Change	Addition
NAME	SPINK, SHEPARD		4. 2 NAME		CZERVIONKI	, JEANNI	Ε		
STREET ADDRESS	28021 MARSH LANDING PKWY		4.3 STREE	T ADDRESS	3289 OLD 1			ָר <u>י</u>	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		4.4 CITY-S	T-ZIP	PONTE VEDI		FI		
TITLE	VD P	☐ DELETE	5.1 TITLE				,	☐ Change	☐ Addition
NAME	GALLAHEN, MARY LOUISE		5.2 NAME						
STREET ADORESS	1301 S FIRST ST		5.3 STREE	TADORESS	·	•	•		
CITY-ST-ZIP	JACKSONVILLE BEACH FL		5.4 CITY-S	T-ZIP					
TITLE	VD	☐ DELETE	6.1 TITLE		D		•	Change Change	☐ Addition
NAME	PORTRIE, CATHEY		6.2 NAME					•	
STREET ADDRESS	ANAL MEDICANICED DONE		6.3 STREE	TADDRESS				•	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		6.4 CITY-S			·			
14. I hereby o	certify that the information supplied with	this filing does not qualify for th	ne exempt	ion stated	in Section 119.07(3)(i),	Florida Statutes.	further cer	ify 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 ar 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 a address, with all other like empowered.

SIGNATURE:

Rennie C. Fontham

CR2E037 (11/98)

Applied For

\$8.75 Additional

Not Applicable