

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 2: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38144 (4)

1. Corporation Name

E. C. ROWELL PUBLIC LIBRARY CORPORATION

Principal Place of Business

85 E. CENTRAL AVE.
WEBSTER FL 33597

Mailing Address

P.O. BOX 1044
WEBSTER FL 33597

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/14/1990

3a. Date of Last Report
06/08/1994

4. FEI Number
65-0201767

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARSONS, ALPHEUS C
489 MARKET STREET
WEBSTER FL 33597**

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 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
RINKER, ROBERT R.
P O BOX 780 N/A
WEBSTER FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**P/D
Fussell, James O.
3287 CR 774
Webster, FL** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
LOCKE, MARTHA
P O BOX 650 N/A
WEBSTER FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**S/D
Fussell, Carol S.
3287 CR 774
Webster, FL** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HARRIS, MICHAEL J.
P O BOX 396 N/A
WEBSTER FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**T/D
Harris, Dorothy N.
23 S.E. 1st Avenue
Webster, FL** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FUSSELL, JAMES O
C R 774
WEBSTER FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**V/D
Ray, Daniel Monson
P.O. Box 1404 N/A
Webster, FL** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RAY, DANIEL MONSON
P O BOX 1404 N/A
WEBSTER FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
**D
Greer, Mary Catherine
P.O. Box 1036 N/A
Lake Panasoffkee, FL** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MATHIS, GLEN A
C R 762-X
WEBSTER FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
**D
Greer, Mary Catherine
P.O. Box 1036 N/A
Lake Panasoffkee, FL** ☒ Change ☐ Addition

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 110.07(3)(A), 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:

Dorothy N. Harris

DOROTHY N. HARRIS

3/23/95

904.793.7541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)

13.

ADDITIONS TO OFFICERS AND DIRECTORS

D

Hager, Barbara
P.O. Box 1034 N/A
Webster, FL