FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 05/14/1990
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. **Name and Address of Current Registered Agent**

PARSONS, ALPHEUS C
489 MARKET STREET
WEBSTER FL 33597

10. **Name and Address of New Registered Agent**

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

TITLE	SD	☐ DELETE
NAME	FUSSELL, CAROL S.	
STREET ADDRESS	3287 CR 774	
CITY-ST-ZIP	WEBSTER FL	
TITLE	TD	☐ DELETE
NAME	HARRIS, DOROTHY N.	
STREET ADDRESS	23 SE FIRST AVE	
CITY-ST-ZIP	WEBSTER FL	
TITLE	D	☐ DELETE
NAME	HARRIS, MICHAEL J.	
STREET ADDRESS	P O BOX 396 N/A	
CITY-ST-ZIP	WEBSTER FL	
TITLE	PD	☐ DELETE
NAME	FUSSELL, JAMES O	
STREET ADDRESS	3287 CR 774	
CITY-ST-ZIP	WEBSTER FL	
TITLE	VD	☐ DELETE
NAME	RAY, DANIEL MONSON	
STREET ADDRESS	P O BOX 1404 N/A	
CITY-ST-ZIP	WEBSTER FL	
TITLE	D	☐ DELETE
NAME	GREER, MARY CATHERINE	
STREET ADDRESS	PO BOX 1036 N/A	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Latta, Florie Babcock	
1.3 STREET ADDRESS	1399 CR 753	
1.4 CITY-ST-ZIP	Webster, FL 33597	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Latta, Douglas	
2.3 STREET ADDRESS	1399 CR 753	
2.4 CITY-ST-ZIP	Webster, FL 33597	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	Harris Michael J.	
3.3 STREET ADDRESS	23 S.E FIRST AVE	
3.4 CITY-ST-ZIP	WEBSTER, FL 33597	
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 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: Dorothy N. Harris, Treasurer 1-20-96 352-568-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)