FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JUN 23 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38144 (4)

1. Corporation Name
E. C. ROWELL PUBLIC LIBRARY CORPORATION

Principal Place of Business	Mailing Address
85 E. CENTRAL AVE. WEBSTER FL 33597	P.O. BOX 1044 WEBSTER FL 33597-1044

3. Date Incorporated or Qualified: 05/14/1990
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FUSSELL, CAROL S.		1.2 NAME	
STREET ADDRESS	3287 CR 774		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, DOROTHY N.		2.2 NAME	700002221537
STREET ADDRESS	23 SE FIRST AVE		2.3 STREET ADDRESS	-06/24/97--01093--006
CITY-ST-ZIP	WEBSTER FL		2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, MICHAEL J.		3.2 NAME	
STREET ADDRESS	23 S.E. 1ST AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FUSSELL, JAMES O		4.2 NAME	
STREET ADDRESS	3287 CR 774		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RAY, DANIEL MONSON		5.2 NAME	
STREET ADDRESS	P O BOX 1404 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GREER, MARY CATHERINE		6.2 NAME	
STREET ADDRESS	PO BOX 1036 N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 REQUIRED Harris 1-3-97 352-793-7541