


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N38144 (4)</b> 1. Corporation Name <b>E. C. ROWELL PUBLIC LIBRARY CORPORATION</b>		



Principal Place of Business <b>85 E. CENTRAL AVE WEBSTER FL 33597</b>	Mailing Address <b>P.O. BOX 1044 WEBSTER FL 33597</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/14/1990</b>	Applied For Not Applicable
4. FEI Number <b>65-0201767</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PARSONS, ALPHEUS C 489 MARKET STREET WEBSTER FL 33597</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	FUSSELL, CAROL S.
STREET ADDRESS	3287 CR 774
CITY-ST-ZIP	WEBSTER FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HARRIS, DOROTHY N.
STREET ADDRESS	23 SE FIRST AVE
CITY-ST-ZIP	WEBSTER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRIS, MICHAEL J
STREET ADDRESS	23 S.E. 1ST AVE.
CITY-ST-ZIP	WEBSTER FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	FUSSELL, JAMES O
STREET ADDRESS	3287 CR 774
CITY-ST-ZIP	WEBSTER FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	RAY, DANIEL MONSON
STREET ADDRESS	P O BOX 1404 N/A
CITY-ST-ZIP	WEBSTER FL
TITLE	D <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Dorothy N. Harris **RECEIVED** Jan. 5, 1998 793-7541 (352)

CR2E037 (10/97)