

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N42115 (8)

1. Corporation Name

NEWTOWN LIBRARY ASSOCIATION, INC.



Principal Place of Business

**2300 JANIE POE SR
2720 TANGELO DR
SARASOTA FL 34234
US**

Mailing Address

**% KRAAYMES, FRANCES E
2720 TANGELO DR
SARASOTA FL 34239
US**

3. Date Incorporated or Qualified
02/15/1991

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0246663

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**KRAAYMES, FRANCES E.
2720 TANGELO DR.
SARASOTA FL 34239**

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 **PD** ☐ DELETE
NAME **WICKER, STEPHEN**
STREET ADDRESS **6920 REX LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ DELETE
NAME **CYNTHIA HUGHES**
STREET ADDRESS **2304 COCOANUT AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE
NAME **KRAAYMES, FRANCES**
STREET ADDRESS **2720 TANGELO DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ DELETE
NAME **MARSHALL, GERALDINE**
STREET ADDRESS **2304 COCONUT AVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ DELETE
NAME **BARBARA KEANE**
STREET ADDRESS **4914 HIDDEN OAKD TRAIL**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN WICKER
CERTIFIED PUBLIC ACCOUNTANT
6920 REX LANE
SARASOTA, FL 34243

Date

Daytime Phone #

941-756-1255

CR2E037 (12/95)