FILE NOW. FILING FEE AFTER MAY 1 IS $150.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 JUL 25 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42364 (2)

1. Corporation Name

FRIENDS OF AUSTIN DAVIS PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
8903 DONNA LU DR ODESSA FL 33556	8903 DONNA LU DR ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1991
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3096374 — Applied For / Not Applicable

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 / Country 24 / 25	Zip / Country 29 / 30

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 § [illegible], Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTSON, MADELLA A.
8903 DONNA LU DR
ODESSA FL 33556

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 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 _____ 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	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	ROBERTSON, MADELLA	12 NAME	Dr. Richard Peck
STREET ADDRESS	8903 DONNA LU DR.	13 STREET ADDRESS	18617 Jiretz Road
CITY-ST-ZIP	ODESSA FL	14 CITY-ST-ZIP	Odessa FL 33556
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	PECK, KAY	22 NAME	600001547696
STREET ADDRESS	18617 JERETZ RD.	23 STREET ADDRESS	-07/27/95--01055--020
CITY-ST-ZIP	OPDESSA FL	24 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	DLOUHY, DIANE	32 NAME	Madella Robertson
STREET ADDRESS	7720 VAN DYKE	33 STREET ADDRESS	8903 Donna Lu Drive
CITY-ST-ZIP	ODESSA FL	34 CITY-ST-ZIP	Odessa FL 33556
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SCHELLENBERG, JO	42 NAME	
STREET ADDRESS	18420 WAYNE ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	ODESSA QL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	INGALLS, GERI	52 NAME	Laura Genre
STREET ADDRESS	18114 SPENCER RD.	53 STREET ADDRESS	19030 Rogers Road
CITY-ST-ZIP	ODESSA FL	54 CITY-ST-ZIP	Odessa FL 33556
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	MCCLELLAND, PATTY	62 NAME	Bunny Pearce
STREET ADDRESS	18102 BURRELL RD	63 STREET ADDRESS	18637 Jiretz Road
CITY-ST-ZIP	ODESSA FL	64 CITY-ST-ZIP	Odessa FL 33556

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)(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: Madella Robertson 1/23/95 (813) 920-5553
SIGNATURE AND TYPED OR PRINTED NAME OF individual OFFICER OR DIRECTOR — Date — Telephone Number
Madella Robertson
Madella Robertson 7/16/95