

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 # 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**

3. Date Incorporated or Qualified
03/04/1991

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3096374

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

10. Name and Address of New Registered Agent

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

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 **P** ☒ DELETE
NAME **PECK, RICHARD DR.**
STREET ADDRESS **18617 JIRETZ ROAD**
CITY - ST - ZIP **ODESSA FL 33556**

TITLE **VP** ☒ DELETE
NAME **PECK, KAY**
STREET ADDRESS **18617 JERETZ RD.**
CITY - ST - ZIP **ODESSA FL**

TITLE **S** ☒ DELETE
NAME **ROBERTSON, MADELLA**
STREET ADDRESS **8903 DONNA LU DRIVE**
CITY - ST - ZIP **ODESSA FL 33556**

TITLE **T** ☐ DELETE
NAME **SCELLENBERG, JO**
STREET ADDRESS **18420 WAYNE ROAD**
CITY - ST - ZIP **ODESSA FL**

TITLE **D** ☐ DELETE
NAME **GENRE, LAURA**
STREET ADDRESS **19030 ROGERS RD.**
CITY - ST - ZIP **ODESSA FL 33556**

TITLE **D** ☐ DELETE
NAME **PEARCE, BUNNY**
STREET ADDRESS **18637 JIRETZ RD**
CITY - ST - ZIP **ODESSA FL 33556**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Robertson, Madella**
1.3 STREET ADDRESS **8903 Donna Lu Drive**
1.4 CITY - ST - ZIP **Odessa, Fl 33556**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **Linda D. Dlouhy**
3.3 STREET ADDRESS **7720 Van Dyke Rd.**
3.4 CITY - ST - ZIP **Odessa, FL 33556**

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
Date

813-920-5099
Daytime Phone #

CR2E037 (12/95)