

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

8903 DONNA LU DR  
ODESSA FL 33556

Mailing Address

8903 DONNA LU DR  
ODESSA FL 33556-19083. Date Incorporated or Qualified  
03/04/19913a. Date of Last Report  
04/25/1996

4. FEI Number

59-3096374

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

2. Principal Place of Business

21 18420 WAYNE ROAD

Suite, Apt. #, etc.

2a. Mailing Address

25 18420 WAYNE ROAD

Suite, Apt. #, etc.

City &amp; State

23 ODESSA, FL.

Zip

24 33556

Country

25 Hillsborough

City &amp; State

28 ODESSA, FL.

Zip

29 33556

Country

30 Hillsborough

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

DON TURNER

82 Street Address (P.O. Box Number is Not Acceptable)

12437 CARDIFF DRIVE

83

TAMPA, FL 33625

84 City

TAMPA

85

FL

Zip Code

33625

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

DONALD G. TURNER

3/20/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTSON, MADELLA	
STREET ADDRESS	8903 DONNA LU DR	
CITY-ST-ZIP	ODESSA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DLOUGHY, LINDA D	
STREET ADDRESS	7720 VAN DYKE RD	
CITY-ST-ZIP	ODESSA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHELLENBERG, JO	
STREET ADDRESS	18420 WAYNE ROAD	
CITY-ST-ZIP	ODESSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GENRE, LAURA	
STREET ADDRESS	19030 ROGERS RD.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEARCE, BUNNY	
STREET ADDRESS	18637 JIRETZ RD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DON TURNER	
1.3 STREET ADDRESS	12437 CARDIFF DR	
1.4 CITY-ST-ZIP	TAMPA, FL 33625	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	E. IVONNE GARCIA	
2.3 STREET ADDRESS	14009 LEMON VALLEY PL	
2.4 CITY-ST-ZIP	TAMPA, FL 33625	
3.1 TITLE	D GEE, JAGALLS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	18114 SPENCER RD.	
3.3 STREET ADDRESS	ODESSA, FL 33556	
3.4 CITY-ST-ZIP		
4.1 TITLE	D JULI BECKWITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	9710 DUNSCROFT LANE	
4.3 STREET ADDRESS	TAMPA, FL 33626	
4.4 CITY-ST-ZIP		
5.1 TITLE	VP JOHNNIE MAE ALLEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	8905 SWAINE RD	
5.3 STREET ADDRESS	ODESSA, FL 33556	
5.4 CITY-ST-ZIP		
6.1 TITLE	D MARILYN TAYLOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	17624 LAKE KEY DRIVE	
6.3 STREET ADDRESS	ODESSA, FL 33556	
6.4 CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046029

CR2E037 (9/96)