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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42364** (2)
1. Corporation Name

FRIENDS OF AUSTIN DAVIS PUBLIC LIBRARY, INC.

Principal Place of Business

Mailing Address

18420 WAYNE RD.
ODESSA FL 33556
US

18420 WAYNE RD.
ODESSA FL 33556
US

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/04/1991

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

TURNER, DONALD
12437 CARDIFF DR.
TAMPA FL 33625

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.

DONALD TURNER, PRESIDENT

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TURNER, DON	
STREET ADDRESS	12437 CARDIFF DR.	
CITY-ST-ZIP	TAMPA FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	GARCIA, E. IVONNE	
STREET ADDRESS	14009 LEMON VALLEY PL	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	INGALLS, GERI	
STREET ADDRESS	18114 SPENCER RD.	
CITY-ST-ZIP	ODESSA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECKWITH, JULI	
STREET ADDRESS	9710 DUNSCROFT LANE	
CITY-ST-ZIP	TAMPA FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALLEN, JOHNNIE MA	
STREET ADDRESS	8905 SWAINE RD.	
CITY-ST-ZIP	ODESSA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, MARILYN	
STREET ADDRESS	17624 LAKE KEY DR.	
CITY-ST-ZIP	ODESSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JO SCHELLENBURG	
1.3 STREET ADDRESS	18420 WAYNE RD	
1.4 CITY-ST-ZIP	ODESSA, FL 33556	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DONNA WESTERFIELD	
3.3 STREET ADDRESS	7920 GUNN HWY	
3.4 CITY-ST-ZIP	ODESSA, FL 33556	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAY O'ROURKE	
4.3 STREET ADDRESS	17812 WILLOW LAKE DR	
4.4 CITY-ST-ZIP	ODESSA, FL 33556	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SHAWNA DAVIS	
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:

EY IVONNE GARCIA, SECRETARY

3/17/98

CR2E037 (10/97)