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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42364

1. Corporation Name
FRIENDS OF AUSTIN DAVIS PUBLIC LIBRARY, INC.

* 5 4 2 5 1 8 *
542518 - 90334 - 36

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/04/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3096374 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~TURNER, DONALD~~
~~12437 CARDIFF DR.~~
~~TAMPA FL 33625~~

10. Name and Address of New Registered Agent

81 Name: Jo Schellenberg
82 Street Address (P.O. Box Number is Not Acceptable): 18420 Wayne Rd
83 City: Odessa, FL. 33556
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: Jo Schellenberg TREAS. 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	TURNER, DON		1.2 NAME	Sherry TURNER	
STREET ADDRESS	12437 CARDIFF DR.		1.3 STREET ADDRESS	12437 CARDIFF Dr	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	S	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	GARCIA, E. IVONNE		2.2 NAME	SPEER, BEVERLY	
STREET ADDRESS	14009 LEMON VALLEY PL		2.3 STREET ADDRESS	15109 MEADOWLAKE STREET	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WESTERFIELD, DONNA		3.2 NAME	SHERI JOHNS	
STREET ADDRESS	7920 GUNN HWY		3.3 STREET ADDRESS	WAYNE ROAD	
CITY-ST-ZIP	ODESSA FL 33556		3.4 CITY-ST-ZIP	Odessa, FL 33556	
TITLE	D	☐ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	O'BOURKE, KAY		4.2 NAME	Jo Schellenburg	
STREET ADDRESS	17812 WILLOW LAKE DRIVE		4.3 STREET ADDRESS	18420 WAYNE ROAD	
CITY-ST-ZIP	ODESSA FL 33556		4.4 CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	VP	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ALLEN, JOHNNIE MA		5.2 NAME	Marilyn Taylor	
STREET ADDRESS	8905 SWAINE RD.		5.3 STREET ADDRESS	17624 LAKE KEY DRIVE	
CITY-ST-ZIP	ODESSA FL		5.4 CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	DAVIS, SHAWNA		6.2 NAME	CAROLYN HARBOR	
STREET ADDRESS	17624 LAKE KEY DR.		6.3 STREET ADDRESS	12706 BENTLY WAY	
CITY-ST-ZIP	ODESSA FL		6.4 CITY-ST-ZIP	ODESSA, FL 33556	

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, with all other like empowered.

SIGNATURE: ~~Jo Schellenberg~~ SIGNATURE REQUIRED April 19, 1999 813-920-5094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jo SCHELLENBERG Treasurer

CR2E037 (11/98)