

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48108 (7)

1. Corporation Name
FONTANEDA SOCIETY, INC.



Principal Place of Business	Mailing Address
BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified 03/30/1992	3a. Date of Last Report 10/23/1995
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 65-0428440	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALLIGAN, SHIRLEY
BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE
100 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33301**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUINLAN, NORA	
STREET ADDRESS	2630 RODMAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHESLER, EARL	
STREET ADDRESS	1711 CORAL RIDGE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BING, MARGARET	
STREET ADDRESS	1940 NE 28TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COOPER, BARBARA	
STREET ADDRESS	936 INTRACOASTAL DR. 6D	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROLLINS, LINDA	
STREET ADDRESS	340 SUNSET DR. 403	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: Shirley M. Halligan Shirley M. Halligan 3/30/96 (352) 357-7417

CR2E037 (12/95)