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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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FONTANEDA SOCIETY, INC.

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Principal Place	e of Business	Mailing Address			a indistros att dindi idint tiffi billi	. 1911 <b>3</b> 1911 01911 <b>5191</b> 1	4:011 DEZ(1 01011 190
BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE 100 SOUTH ANDREWS AVENUE 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301 BROWARD COUNTY LIBRARY 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301			S AVENUE	TOR'S OFFICE			
		FORT LAUDERDALE FL 33301		3. Date incorporated or Qualified 03/30/1992	3a. Date of 10/2	Last Report 3/1995	
Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0428440		Applied For Not Applicat	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	11 ' '	1.75 Additional Fee Required
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	□ \$	<b>5.00</b> May Be
Zip	Country	Zip	Countr	y	This corporation has liability for in		er s. 199.032,
	25	29	30		-J	Yes No	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Re	egistered Agent	l
HALLIGAN, SHIRLEY BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301  1. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fiorida Sta		R'S OFFICE	82 83	Street Addres	ss (P.O. Box Number is Not Acceptable	<b>R5</b> Zin Code	
			'		FLI	·	
or register	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	ia. Such change was authori	zed by the cord	named corporation's board	tion submits this statement for the purp Lof directors. I hereby accept the appoi	intment as registi	its registered off ered agent. I am
	Signature head or printed seems of projetaved seeds	and the if autient -	of Berlin				
	Signature, typed or printed name of registered agent a OFFICERS AND			nt signature required v		DATE	CTORS IN 12
<u>.</u>	OFFICERS AND	DIRECTORS	OTE: Registered Age 13.	int signature required v	when reinstating) ADDITIONS/CHANGES TO OFFICE	DERS AND DIRE	
t.	OFFICERS AND PD		13.	nt signature required v			
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