## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 21 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N48108

(7)

FONTANEDA SOCIETY, INC.

Principal Place	e of Business	Mailing Address  BROWARD COUNTY LIBRARY-DIRECTOR'S OFFICE 100 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301-1830						- I REDIKIDI DIN BURKI KRIKI HADIN DONUN HAKK KUCIN DUDKI BURKI DIRKA BIRKI BURKI BURKI KRIKI BURKI KODI							
	NTY LIBRARY-DIRECTOR'S OFFICE DREWS AVENUE														
FORT LAUDERD							3	. Date	Incorp. 03/30/	orated or 1992	Qualified	3a. [	Date of Last 03/27/19		
2. Principal Pl	ace of Business	2a. Mail	ing Address			<del></del>	4		lumber		· <b>ii</b>			Applied For	
21		26							D-04	28440			1	lot Applicable	
Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.				5	. Certi	ficate o	f Status E	Desired			Additional Required	
City & State	3	City	& State				6			npaign F Contributi				May Be I to Fees	
Zιρ	Country				Country				***************************************					u	
24	25	29 30						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No						o. 190.00L,	
	9. Name and Address of Curren	Registered	Agent				10	, Nam	e and A	Address	of New R	eglaterec	Agent		
					81	Name									
HALLIGA	n, shirley				82	Street A	ddress (	PO B	ov Num	her ie No	4 Accepts	able)			
	RD COUNTY LIBRARY-DIRECTOR	'S OFFICE	S OFFICE					Idress (P.O. Box Number is Not Acceptable)							
100 SOU	ITH ANDREWS AVENUE														
FORT LA	UDERDALE FL 33301				84	City		············				FI	85 Zij	Code	
11. Pursuant t	o the provisions of Sections 617.0502	2 and 617.15	08, Florida Statu	ites, the a	bove	-named	corporatio	on sub	mits this	s stateme	nt for the	DUITOOSA	of changing	its registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Suitions of Sec	uch change was tion 617 0503 F	authorize Iorida Sta	d by	the corp	oration's	board	of direc	ctors. I he	reby acc	ept the ap	pointment a	s registered	
	id. ilina ilini di di docepti ilio estige		,	ionou ora		,.									
SIGNATURE _	Signature, typed or printed name of registered agei	nt and title if appli	cable. (NO	TE: Registere	d Age	nt signature	required whe	n reinstal	ting)	· · · · · · · · · · · · · · · · · · ·		DATE			
12.	OFFICERS AND	DIRECTOR	S	13.				ADDIT	IONS/0	CHANGE	S TO OFF	ICERS AN	D DIRECTO	RS IN 12	
TITLE	PD		DELETE	1.1 (	ITLE	i i	PD		_	_			Change	Addition	
NAME	QUINLAN, NORA		•	1.2 N	AME	k	CHES	TLE!	R, E	AR	<u></u>				
STREET ADDRESS	2630 RODMAN ST.			1.3 \$	TREET	ADDRESS	1711	COK	くかん	RII	XE	DR.			
CITY-ST-ZIP	HOLLYWOOD FL 33021		,	1.40	ITY - S		FT	LA	UD	FRD	ALE	FL	333	05	
TITLE	VD		DELETE	2.1 (	ITLE		<del></del>				<u> </u>	<del></del>	☐ Change	☐ Addition	
NAME	CHESLER, EARL		•	2.2 N	AME										
STREET ADDRESS	1711 CORAL RIDGE DR.			235	TREET	ADDRESS									
CITY-ST-ZIP	FT. LAUDERDALE FL 33305			2.40	OITY-S	ST-ZIP									
TITLE	S		DELETE	3.1 T	ITLE						~,,,		Change	Addition	
NAME	BING, MARGARET			3.2 N	AME	1							·		
STREET ADDRESS	1940 NE 28TH AVE.			3.3 \$	TREET	ADDRESS	-					•			
CITY-ST-ZIP	POMPANO BEACH FL 33062			3.4. 0	OITY-S	ST-ZIP									
TITLE	T		DELETE	4.1 T	ITLE								☐ Change	Addition	
NAME	COOPER, BARBARA			4.21	IAME	1									
STREET ADDRESS	936 INTRACOASTAL DR. 6D			4.3 S	TREET	ADDRESS								•	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304			4.4 0	ITY-\$	T-ZIP									
TITLE	VD		☐ DELETE	5.1 T	ITLE			•					☐ Change	Addition	
NAME	ROLLINS, LINDA			52 N	AME	. ]						2	•		
STREET ADDRESS	340 SUNSET DR. 403		• -	5.3 \$	TREET	ADDRESS									
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			5.4 0	ITY-S	T-ZIP					-				
TITLE			DELETE	6.1 T	ITLE								☐ Change	Addition	
NAME				6.2 N	AME						•				
STREET ADDRESS				6.3 \$	TREET	ADDRESS									
CITY-ST-ZIP					ITY-S										
14. I do hereb	by certify that the information supplied	with this filir	ng does not qua	lify for the	9X9	mption st	ated in S	ection	119.07	(3)(i), Flo	ida Statu	tes. I furth	er certify the	I the	
I am an ol	n indicated on this annual report or s ficer or director of the corporation or	the receiver	or trustee empo	wered to	exec	ute this r	eport as r	require	d by Cł	napter 61	7. Florida	Statutes;	and that my	name	

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR