

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50098 (5)

1. Corporation Name

PARKLAND FRIENDS OF THE LIBRARY, INC.



Principal Place of Business

Mailing Address

6500 PARKSIDE DRIVE
PARKLAND FL 33067

6500 PARKSIDE DRIVE
PARKLAND FL 33067

3. Date Incorporated or Qualified
07/24/1992

3a. Date of Last Report
04/28/1995

4. FEI Number
65-0354700

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

MERTZ, HARRY J.
6500 PARKSIDE DR.
PARKLAND FL 33067

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.

SIGNATURE

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 PD
NAME DAVID, DIANE W.
STREET ADDRESS 6500 PARKSIDE DR.
CITY-ST-ZIP PARKLAND FL 33067 ☐ DELETE

TITLE D
NAME GREENBERG, FELICIA
STREET ADDRESS 6500 PARKSIDE DR.
CITY-ST-ZIP PARKLAND FL 33067 ☒ DELETE

TITLE S
NAME WINSHIP, ELSIE
STREET ADDRESS 6500 PARKSIDE DR.
CITY-ST-ZIP PARKLAND FL 33067 ☐ DELETE

TITLE T
NAME SCHER, LAURA
STREET ADDRESS 6500 PARKSIDE DR.
CITY-ST-ZIP PARKLAND FL 33067 ☐ DELETE

TITLE VPD
NAME FREED, MARSHA
STREET ADDRESS 6500 PARKSIDE DR.
CITY-ST-ZIP PARKLAND FL 33067 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

RONDA SWORDS
7808 BOWLER LANE
PARKLAND, FL 33067 ☒ Change ☐ Addition

T
WINSHIP, ELSIE
6500 PARKSIDE DR
PARKLAND FL 33067 ☒ Change ☐ Addition

S
SCHER, LAURA
6500 PARKSIDE DRIVE
PARKLAND, FL 33067 ☒ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/96

401-395-8565

CR2E037 (12/95)