FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N50203 (1)

1. Corporation Name
FRIENDS OF THE EAU GALLIE LIBRARY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1521 PINEAPPLE AVENUE MELBOURNE FL 32935	1521 PINEAPPLE AVENUE MELBOURNE FL 32935

3. Date Incorporated or Qualified: 07/27/1992
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-3135147 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MACE, KENDY
2935 TURTLEMOUND ROAD
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name: Carol Justus
82 Street Address (P.O. Box Number is Not Acceptable): 1952 Appaloosa Lane
83
84 City: Melbourne FL 85 Zip Code: 32934

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Carol Justus — CAROL JUSTUS, TREASURER — 3-13-95
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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GUNDLE, CAROL	1.2 NAME	GUNDLE, CAROL	
STREET ADDRESS	1808 HIGHLAND AVE.	1.3 STREET ADDRESS	1808 HIGHLAND AVE.	
CITY-ST-ZIP	MELBOURNE FL ~~32938~~ 32935	1.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	~~VD~~	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCMALTON, NANCY	2.2 NAME	MCMAHON, NANCY	
STREET ADDRESS	2292 WINDHAM DR.	2.3 STREET ADDRESS	2292 WINDHAM DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SPECTOR, MAX	3.2 NAME	SPECTOR, MAX	
STREET ADDRESS	3082 BLACKBIRD COURT	3.3 STREET ADDRESS	3082 BLACKBIRD COURT	
CITY-ST-ZIP	MELBOURNE FL 32935	3.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Carol Gundle — CAROL GUNDLE — 3/13/95 — (407) 242-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035927