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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N50203** **(1)**

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

Principal Place of Business	Mailing Address
1521 PINEAPPLE AVENUE MELBOURNE FL 32935	1521 PINEAPPLE AVENUE MELBOURNE FL 32935-6540

3. Date Incorporated or Qualified: 07/27/1992
3a. Date of Last Report: 03/13/1996

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

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

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

9. Name and Address of Current Registered Agent

CAROL JUSTUS
1952 APPALOOSA LANE
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name: Sandra Weisman
82 Street Address (P.O. Box Number is Not Acceptable): 2334 Golf Lake Circle #421
83
84 City: Melbourne FL 85 Zip Code: 32935

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: Sandra Weisman
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	☐ DELETE	1.1 TITLE	2nd Vice President	☐ Change ☑ Addition
NAME	SPECTOR, MAX		1.2 NAME	Stuart, Patricia	
STREET ADDRESS	3082 BLACKBIRD CT		1.3 STREET ADDRESS	310 Michigan Ave	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Indialantic Fl. 32903	
TITLE	VD	☐ DELETE	2.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	LEWIS, ELIZABETH		2.2 NAME	Sandra Weisman	
STREET ADDRESS	1163 RIVERMONT DR		2.3 STREET ADDRESS	2334 Golf Lake Cir. #421	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Melbourne Fl. 32935	
TITLE	VD	☒ DELETE	3.1 TITLE	Recording Secretary	☐ Change ☑ Addition
NAME	SPECTOR, MAX		3.2 NAME	Audrey Leitton	
STREET ADDRESS	3082 BLACKBIRD COURT		3.3 STREET ADDRESS	1776 Dodge Circle N.	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	Melbourne Fl. 32935	
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DENNEY, PAT		4.2 NAME		
STREET ADDRESS	382 OTTAWA WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.